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Clinical Lecture.

MALARIA—INTERSTITIAL NEPHRITIS.¹

By J. B. WALKER, M.D.

THIS patient came into the wards one week ago, is twenty-nine years old, and a native of Philadelphia, and a driver by occupation. His family history is good; he was always well until last fall, when he came in, during October, with a cough; short of breath; never had night sweats or hemorrhage. He was treated for phthisis at that time, and discharged as very much better—practically well. A short time ago he began to feel badly; had fever and a pain in his back; would sweat after the fever; had no dyspnoea. When he came into the hospital his temperature was 104° F. During the next day his temperature remained subnormal after a sponge bath; following day his temperature, at eleven A.M., was 103.2, and at eleven P.M. was 94.8°; it remained subnormal the following day. Next day at five A.M. it was normal, and by eleven A.M. it was almost 100°; but he had been given a full dose of quinine during the interval, and since then it has been subnormal. He has no knowledge of a chill, but the fall in the temperature is accounted for by the profuse perspiration following the fever. The temperature record shows a rise every other day. His pulse has ranged from normal to 116. Respirations were increased during fever. Such a case as this presents questions as to the cause of the rise in temperature, and the interesting fact is that he had no chill. Of all the symptoms of a malarial attack the chill is the worst, and when the fever sets in it is pleasant to the patient

at first, but soon becomes too much, and is followed by a stage of profuse sweating.

This man has all the symptoms of a malarial attack but the chill. Must the patient have all three symptoms to diagnose malaria? A patient may be suffering from the malarial poisoning when one, two or the three symptoms are absent. In this case the spleen was decidedly enlarged on admission. In per-cussing the spleen, begin on a line from the axilla toward the umbilicus, so that splenic dullness may be excluded from that of the heart, liver, or fluid in the pleural cavity. To-day, I find the spleen smaller than it was, and it does not extend below the costal border. In enlargements of the spleen in children, the spleen is liable to extend upward on account of the great strength of the ligaments of the liver that prevent the spleen from enlarging downward; hence you see it is not always necessary for the spleen to extend below the borders of the ribs to be enlarged. I have no doubt but that this man's trouble was malaria, and results of therapeutic treatment have proved this. This man was given twenty grains of quinine. The administration of pilocarpine muriate, gr. $\frac{1}{2}$, will promote the sweating stage and often arrest the chill and fever. This is not so in pyæmic chills and fever, for I remember a case of obscure abscess of the liver, and efforts were made to avert the chill with muriate of pilocarpine, but it was of no avail. Another method of arresting the paroxysm of malaria is the administration of spirits of chloroform, 3j, which will act immediately. This man is not suffering with the fever of phthisis, for there are diurnal variations morning and night.

INTERSTITIAL NEPHRITIS.

This man, A. D., a carpenter, says that his mother died of some heart trouble. There is no history of

¹Delivered in Philadelphia Hospital, May 14, 1890, and reported by William Blair Stewart, M.D.

hereditary disease in his family. He has had rheumatism and syphilis, and is a hard drinker. He had always been well until four years ago, when he came to this hospital with general dropsy beginning in the feet. He recovered from this attack. The present attack began a few weeks ago, when he had pain in his shoulder and arm and no oedema. He presents, at fifty-six years of age, certain features that are interesting and will modify your therapeutics. His urine is pale yellow; specific gravity 1.012; faintly acid; passes twenty ounces in twenty-four hours; epithelial casts and a well-defined ring of albumen. Here, then, is a man who is old before his time, and an examination of his arteries shows that they belong to a man of eighty years of age. The radial artery is beady and tortuous, showing that there are marked senile changes in his arterial walls. His temporal arteries present the same change. We look to see if there is any fatty degeneration of the cornea of his eye. In some persons, who are young, you can find a clear-cut ring or annulus that is suggestive of senile degeneration. An annulus senilis is not of as serious matter as the simple arcus senilis that marks the upper or lower segment of the cornea. If the ring is clear cut and well defined, it is not the evidence of fatty degeneration; but, when you have a ring or arcus that shades off from the opaque to the clear, this is suggestive of fatty degeneration of the heart and arteries, or one of the evidences of atheromatous degeneration. This change in the vessels takes place more in the radial than any other artery, unless it is the aorta itself. You can understand this, on account of the great strain put on the aorta; on account of the blood being forced into it. These arterial changes are important in the study of other diseases. What is the meaning of an artery of this kind?

If you find such an artery, even though calcareous products are not present, with a pulse that corresponds, it should call our attention to a condition that is capable of being arrested before it reaches the condition that is present in this man. The hard workers are those who have a high blood tension, causing a flushing of the brain and kidneys with blood. Such persons, living in the open air, are capable of performing the best work; so that this degeneration occurs at the time that represents the period of life at which they present the best work they are capable of doing. In going over the records of a hospital abroad, it was found that a number of cases that had been diagnosed as something else, died of interstitial nephritis. In all these cases the pulse was not compressible, and they died of apoplexy. About fifty per cent. of the patients had been found to have nephritis when placed in the "Green-room." This at once brought up the question, why interstitial nephritis was found associated with this change of the vessels. Pulse of high tension; hypertrophy of the left ventricle of the heart; accentuation of the aortic second sound and increased urination were looked on as characteristic of commencing interstitial nephritis, and should be watched. Whenever you find a pulse of high tension, at once search for the cause of it. It may be due to alcoholism, because alcohol increases arterial tension generally. May also be hysterical.

Such patients leave the bed once or twice during the night to urinate. Last October this patient had general anasarca and albuminuria, associated with no heart trouble to account for it. It is a case of interstitial nephritis. Remember that atheroma does not always accompany such cases. In some cases of interstitial nephritis the kidney is so much contracted

that it cannot give increased urination. The heart is no longer able to compensate, and becomes dilated. There comes a time in this disease, where there has been high arterial tension for a long time, when the heart cannot empty itself properly; hence the over-filled arteries. Hyaline casts are found, and are made up of fibrinous material. These casts form in an acid urine, but in an alkaline urine they do not. The presence of an artery like this leaves little for us to do.

In a case of this kind the tunica interna of the artery shows yellowish-white patches on the inside that swell and impinge on the calibre of the vessel itself. These spots may undergo fatty degeneration, and discharge, or shrivel up and cause calcareous plates in the vessel that may be either exposed or covered. Either one of these changes constitutes fatty degeneration, and is as much atheroma as the larger hard patches. A complete horny ring may be found in the aorta from this degeneration. Such a vessel as this is not capable of being placed on a strain, hence the great danger of apoplexy; or, if placed in a lying posture, he may have a thrombus gradually forming in the brain, causing complete hemiplegia. He may be walking along and suddenly fall, due to an embolus swept from the vessels or valve of the heart into the cerebral vessels, and causing a rapid apoplexy. Great care must be exercised in feeling an atheromatous pulse, else it may crumble under pressure. The acute pathological results that are likely to follow this condition are serious. If this man were to take pneumonia, or some acute disease, it would be very doubtful if he could be brought through safely, like a person with good vessels could. Just as the nutritive changes in the aged are slow, you will have less therapeutical effects, and slower than ordinary. In all such cases you must be careful in the use of all agents that increase arterial tension. This man may suffer from suppression of urine due to this atheroma. Should you give digitalis to raise it? Not at all, for atheroma is one of the contra-indications to the use of digitalis. If you do use it, you may cause apoplexy. All active cardiac stimulants raise arterial tension, and must be used with extreme caution. Strophanthus acts on the tubules of the kidneys, and to a certain extent on the arterial tension, but not so much as in digitalis, and may be used with great caution under certain conditions. I am thoroughly impressed that in this case the kidney trouble has more to do with the condition of this man's blood vessels than the syphilis he contracted. Besides the causes already enumerated, atheroma is due to syphilis, lead poisoning, gout and others.

Original Articles.

THE WEST INDIES AS A SANITARIUM.

By WILLIAM F. HUTCHINSON, M.D.

MORE and more, every year, the question of climatic treatment of disease is attracting attention and receiving careful investigation, not only among the profession, but in every class of society.

Sick people and their friends have but a single wish—that they may get well—and the potential of change of climate from Northern inclemency to tropical comfort is so great and becoming so well known to-day, that I am persuaded that reliable information concerning our nearest and most accessible neighbors who live beneath the sun, and their sur-

roundings, will be well received by the profession at large as well as by the laity.

It has ever been a medical opprobrium that physicians order for patients climates of which they have no personal experience, and whereof their only knowledge is derived from sources so meagre of sanitary value as to be practically worthless.

"You should make a change, my dear sir," says the puzzled doctor. "Take an ocean voyage, and get out of the bad March winds that will do you harm."

"Willingly, doctor; where shall I go?"

"Well, down South; say to the Windward Islands."

"Yes? To which one, doctor, and how long must I stay? By the way, where is the best hotel, and can I find good physicians? What clothing and money must I carry? How much will the trip cost? Do they speak English there?" etc., etc.

And the doctor answers not, for he does not know. The matter usually ends with a search for literature upon the subject, which is comprised in such incorrect books as have been written by rapid tourists and the showy folios of steamship lines. Neither one nor the other present any information whatever of sanitary value, and so the patient takes his life with his trunks into a strange and unknown land, into a new climate, with strange food and strange waters, where his habits must be correspondingly altered if he would gain by the change.

Who is to tell him of this? Perhaps only experience; and that most effective of teachers has a way of impressing lessons now and then that is funereal.

I am writing from St. Kitts, the most northern of the group called Leeward Islands, and beside me sits a sea-browned captain who brought his wife and three bright children to the West Indies, to avoid the chill winds and rapid weather changes of a New England coast town. They came here, and finally found a winter home in the quaint Hollandish island of St. Eustatius, a dozen miles away. High, well-drained, swept clean of miasm by constant trade-winds: with rain-water to drink that comes from deep rock cisterns well covered with conical roofs of stone, and a temperature that only changes four or five degrees in as many months, where could they be better placed?

When they were settled, the mother discovered that her children were with playmates who had sore throat, and she made inquiries as to its nature. "Oh, it is nothing serious; we often have those sore throats here." In a few days, when her own contracted the disease, she called in a doctor, who gave no alarm until he saw that they must die, when he pronounced the fatal word—diphtheria. The little ones sleep on the distant rocky islet, and the poor mother cannot forgive the doctor for his lack of knowledge, or of timely warning, or of both. Later, Dr. Branch, of this place, who is a skilful and experienced physician, told her, as he did me, that all these sore throats were diphtheritic in nature; but, owing to the climate and custom, they rarely became malignant among natives, only showing deadly venom when foreign soil was presented to nourish germs.

Across the room sits a prominent merchant of a Northern city. He has had constant headache for two weeks, following exposure to sun-heat at Barbadoes, and ptosis of both lids is gradually closing his eyes. He cannot open them without aid, has double vision, ataxic gait, and looks ten years older than when he stepped upon the steamer at New York, five weeks ago. He may recover, but the result is doubtful.

"Why, doctor," says he, "I had no idea that Bar-

badoes sun was so dangerous. No one warned me. If I had only known!"

Case after case comes to mind as memory goes back through the twenty years that I have been coming to these lovely sea-gems of islands, where warnings might have saved valuable lives, or permitted doomed ones to die at home, instead of far away with only strangers to say farewell.



So these papers were projected, and with the active co operation of the managing editor of THE TIMES AND REGISTER, are now presented to American physicians, and, since we are now among the group just mentioned, let the first come thence.

In making choice of a winter home for invalids, while it is essential to know meteorological ranges,

and have a general idea of soils, waters, etc., it is no less important to be posted upon such other matters as govern a traveler's comfort and peace of mind as effectively as the former does his health of body. For sunniest skies grow monotonous to idle brains, and softest breezes annoying to hands that can find no occupation. What is there to do? Are there drives or rides to take? Are there out-of-door amusements? What sort of society is down there? These are important points, be sure, to people who are not prostrated, and whom sea sickness has left with a modicum of energy. So they will be duly considered in our papers, as well as strictly professional ones.

From the southern point of the Florida peninsula to the northeastern shore of Venezuela, a chain of islands stretches in a graceful curve, occupying some twelve degrees of latitude and five of longitude. From St. Kitts, as St. Christopher's Land is familiarly called, to Trinidad, they are, with the exception of Barbadoes, of volcanic origin, and mountainous of aspect; indeed, impressing even careless observers with the belief that they are simply tops of lofty mountains, whose lesser peaks and ranges have been sunk beneath the sea with the continent to which they belonged, by some cataclysm of nature in the geological ages.

From Basseterre the Virgin Islands stretch westward, to be joined as neighbors by the Greater Antilles, whereof Cuba reigns justly queen. If my speculation are correct, the vast Gulf of Mexico was once an inland sea; and where the green waters of the North Atlantic stream sweep in graceful curve, there was, perhaps a home for nations of men, whose very existence is now but matter of conjecture; and the land that sheltered them, hinted at here and there by ancient writers, may well have been the fabled, lost Atlantis.

The islands are all inter-tropical, and differ so little in weather-change and rain-fall that the following figures, which were given me by Dr. Branch, Chief Medical Officer of St. Kitts and Nevis, may be taken as fairly representing all, with two exceptions to be noted later:

Average temperature, 80° F., with a rise in September—the hottest month—to 92°, and a fall in January—the coldest—to 69° in early morning. Daily variation, extremely small.

Barometric pressure, thirty inches as a mean, from which a fall of one or two-tenths is rare, and marks serious high winds coming.

Average rain-fall for twenty years, sixty inches; of which the greater part is deposited in the three rainy months of August, September and October, when it comes in frequent showers rather than steadily. During these months, trade-winds are absent.

Sunny days, with such brilliant skies as northern latitudes are strangers to, are usual during winter and early spring months, excepting in Martinique, where a constant shower-bath may be indulged in, from causes to be explained later. In four months, at St. Kitts, ending with April 1, 1890, there were but five cloudy days.

When one reads of a steady temperature of 80°, it seems as if an uncomfortable heat was indicated; but in tropical lands this is not the case. There is so much evaporation from skin surface by reason of constant strong winds, that no discomfort is felt unless exposed to direct sun rays, and this must be avoided. I am sitting, as I write, in a room where the mercury is 72° at 7 A. M., and am actually chilly with the strong trade-wind blowing my flannel wrap-

per about. If it should go down to 68° there would be a general donning of heavier wear, and a furnishing of beds with double blankets. I was obliged to put my heavy overcoat on the bed every night at the Hotel des Bains, at Martinique, and at no time was the temperature less than 70°. And all our party of five did likewise.

Therefore, average northern ideas of tropical temperature need reconstruction; and I have never known any one suffer from heat here, who exercised ordinary care, and abstained from alcoholic drinks. Perhaps as much danger exists in these as in the sun, even at its utmost power. Tippling is so universally a habit in the tropics, and it is so common to set up cocktails as a preventive to possible fevers, that cautionary advice on this point to those coming here cannot well be made too strong.

Sudden changes of temperature, however slight, must be carefully guarded against. Where every pore is open and every inch of skin moist with perspiration, impact of even a small current of air may be followed by a stroke of cold, or by what is very common among strangers, sharp attacks of muscular rheumatism. I have been laid up three times in the Windward Islands by lumbago, from neglect of this fact. Natives never sit in a draught, and always wear head covering indoors, in public buildings, hotels, club houses, etc. "Do not remove your hat, sir. You may catch a severe cold; a serious matter here, I assure you," is the kindly advice one hears given to tourists every day in such places.

Extreme activity of skin functions means relief to kidneys. I have been asked many times by alarmed strangers, "What does this mean, doctor? I am passing so little water that I am frightened. Can anything be wrong with my kidneys?" "Well, no, I think not. Are you perspiring freely?" "Yes, indeed; I have to change underwear two or three times daily, and can wring each garment as it comes off." I believe that this relief to contracted or degenerated kidneys, incident upon such greatly increased action of the skin, to be one of the most powerful remedies known in albuminuria or diabetes mellitus, and can point to more than one case in my own practice cured by a few successive winters spent here.

Drinking water is everywhere good. In most of the islands, it is brought from mountain streams or lakes at considerable expense, and at Martinique a constant supply pours through streets and houses from the lofty range; just back of Saint Pierre and Fort de France, acting in these cities as sewers constantly and efficiently flushed. In none of them, except Jamaica, has there been any idea of impeding the sun in oxidizing work, and all excreta exposed to constant sunlight and strong wind, promptly becomes innocuous, or is carried away to the near sea. Zymotic diseases are practically harmless; epidemics of enteric fever, for instance, being unknown. Owing to this most excellent natural sewerage, and to a never-failing sweep of pure salt air, surgical injuries and operations do remarkably well, healing promptly and usually by first intention.

In our party of fifty persons, of all ages, there has not been a single case of diarrhoea or dysentery, although all visited the shore daily and drank freely of the different island waters. Some of them, like Nevis and St. Vincent, are supplied by rain water, collected in cisterns and carefully protected from contamination.

Food supplies are excellent. Of course, beef and mutton grown in the tropics, lack the succulence and toothsome of northern meat, but they are fresh and plentiful, and their absence may be condoned by abund-

ance of fruit, eggs, and fish, that are found everywhere. Consequently, living is cheap. Two dollars a day is the regular price at all hotels, except the Marine at Barbados, where American manners and figures obtain, without any corresponding gain over native houses; while in the larger places, good board may be had for two guineas, about ten dollars, a week.

Thus much for the bright side of our picture. Strangers to these beautiful islands, that are veritable gems of a delightful sea, rarely stay long enough to see the reverse, which, indeed, compares so poorly with the brilliancy that everywhere surrounds them that it is unseen. Nevertheless, there is one. To many, a sea voyage is a sore trial. They see in every curving wave, with its glittering crest of foam, only a monster that will upset their stomachs and make them generally miserable. They spend long days in uneasy berths, and toss about during longer nights, victims to prostration and vain repinings. Every strange sound that the engine makes, every blow that a heavier sea than common strikes the rocking ship, every increase in howling song of gale among the taut rigging, frightens them anew, and their fate is indeed an unhappy one. In more than twenty years of sea practice, I have never seen a death attributable to sea-sickness—unpleasant though it is—but many cases where long-continued nervous prostration followed it; and would suggest that a short trial trip precede the long and tedious voyage from New York to these islands, made, as it must be, in small, slow, and ill-found steamers.

After these years and continual experimenting, I have come to the conclusion that no remedy exists for that peculiar bouleversement of nerves termed sea-sickness, except the solid land. It cannot be escaped; it cannot be modified or allayed, to any great extent, by any safe means. If any one prefers profound intoxication, either by drugs or alcohol, with its certain bad effects, to temporary disturbance, he may, by producing and maintaining that condition during the entire voyage, avoid it. But the penalty will certainly be exacted, and it may prove a heavy one.

If one will keep recumbent in berth or steamer chair, eat a little liquid food such as beef tea or broth and drink only carbonated water well iced, he will do the best possible, and find himself ready for a shore boat when it comes along side, as bright and strong as if the deck he leaves had always been as steady as a ball-room floor.

It is a great pity that there is no first-class steamer running to these islands. Perhaps it would be too much to expect, considering the short time that passenger travel lasts—not more than three months in the year—and yet the Nassau ships are greatly superior. There is not a single boat of these that is even moderately comfortable or modern in respect of any convenience, not to say luxury. Bath rooms are wanting—a serious deprivation—closets are foul and in most inaccessible places, and an economy in stores is practised that is not only annoying but foolish. Yet, in face of all this, every state-room is usually taken for the round trip, and returning passengers lose sad memory of transportation, in recalling what they have been through and the good times they have had. There are two lines running down, the Quebec and Brazilian mail steamers. Fares by the former have been very low this season, \$108.50 for the round trip, which means five weeks of passage, state-room and meals—such as they are—with a call at every island, a chance for a run ashore almost daily, and a glance

at the varied island scenery. But I cannot recommend either this line or this way of making the trip to invalids. Only strong men and young women in good health should attempt it. To say nothing of the wretched boats, there is too much sea, with its gales and heavy pitching about. The mere voyage out and back is fourteen or fifteen days, nearly always with heavy weather to begin and end with; and the tediousness of heaving sea, rolling ship and universal saline dampness, wears severely upon tired or feeble nerves.

The Brazil line sells excursion tickets to Martinique and Barbadoes for \$100, and this is the better way of going, if one takes the steamer *Alliança*, with her courteous and competent commander, my old comrade, Captain Beers, a gallant naval officer of the late war. But she is far from being first-class, steams slowly and misses all the Leeward Islands, among which are the most beautiful of the entire group.

What is greatly needed and what there is much money in, is one or two first-class American steamers, like those of the Ward line for instance, to run down for passenger traffic only during the three winter months and March. They would go full, better prices could be had and invalids properly cared for, and might bring to New York many rare tropical fruits, now unknown by reason of time-distance from their native homes.

My next paper will take into consideration the diseases that are likely to be benefited by a visit here.

ST. KITTS, BRITISH WEST INDIES.

A PLEA FOR EARLY LAPAROTOMY IN INTESTINAL OBSTRUCTION.¹

By J. G. CARPENTER, M. D.,

STANFORD, KY.

BANTOCK, of England, and Joseph Price, of Philadelphia, have written most beautifully, elegantly and forcibly upon this subject, *A Plea for Early Ovariectomy*, and have conclusively demonstrated that the best and most favorable time for ovariectomy is when the diagnosis is made, and before complications and structural lesions have taken place in adjacent and remote organs, and when the patient is in the best possible condition for operation. How true and applicable these remarks are to the subject of intestinal obstruction is only correctly appreciated by the abdominal surgeon.

Surgery has made giant strides, and in no special field has there been more advance than in intestinal surgery. In every medical society there should be read a paper written on my subject, viz., *A Plea for Early Laparotomy in Intestinal Obstruction*. The mortality from delay, incorrect diagnosis, timidity, ignorance, and prejudice, in the past, has been very high and fearful. To-day we have a reliable, safe, speedy and accurate method of diagnosis of intestinal obstruction, viz., Senn's hydrogen gas inflation of the intestines and the location of the obstruction in the large or small intestine. All praise is due to Senn for his inventive genius, originality, and experimental research in intestinal surgery. If intestinal obstruction is suspected, the permeability or non-permeability of the intestinal canal and the diagnosis of obstruction can be made in less than an hour. The hydrogen gas can be generated in ten minutes; in ten to twenty minutes, more or less, the bowels can be inflated, the gas can be made to escape from the mouth, through the tube being inserted in

¹Abstract of paper read in the Section of Surgery and Anatomy, Amer. Med. Association, Nashville, Tenn., May, 1890.

the stomach, and ignited, giving a blue flame, if no obstruction exists; otherwise, the indication is to operate at once, and before inflammatory and structural lesions have taken place.

Keith, in speaking of the failures of abdominal surgery and the hindrances to its progress, states: Most of the mischief has been done by the surgeon himself. Time waits for no surgeon! "Delays are dangerous!" "Procrastination is the thief of time!" Formerly the phrase "obstructed bowels" was synonymous with "death;" to day it means: Use the test, operate, remove the cause and let the patient live. When done early, and by expert surgeons, and before structural lesions have formed, laparotomy for an intestinal obstruction will have as small a mortality as ovariectomy or abdominal section for the removal of the uterine appendages. The physician of the present, who is not equipped to make the special diagnosis of obstruction, yet operates for its removal, or has a surgeon operate, and before serious tissue lesions have taken place, is most certainly highly culpable and derelict of duty.

The best time to operate is when the diagnosis is made, and made early. Dr. Joseph Price said he would make no delay by taxis for the reduction of strangulated hernia, but operate at once for its relief and for the radical cure.

Wyeth states: Do not wait longer than the lesion of intussusception is recognized; within the first twenty-four hours the prognosis will be more favorable, and the danger of a fatal termination will be increased with each day thereafter. If volvulus is not removed within a few hours by other treatment, abdominal section should be performed, the hand introduced and the loop untwisted. Constriction by bands, the vermiform appendix, the pedicle of an ovarian or uterine tumor, the Fallopian tube, diverticula, strangulation through slits in the omentum and mesentery, and adhesions between the contiguous loops of intestines, demand early operative interference, as do all other forms of intestinal obstruction. The taxis should not be done longer than five or ten minutes at any one effort, and that it may be repeated at intervals of half or one hour within the first six hours of the history of strangulation, and after twelve hours should not be practised. The majority of cases which end fatally are those in which strangulation had existed twelve or twenty-four hours or more, and before surgical interference. Abdominal section in a patient not exhausted by suffering or disease, under asepsis and antisepsis, is almost free from danger when done early by a surgeon skilled in the technique of intestinal and abdominal surgery.

Scientifically practised, massage and taxis have a limited range of application in the treatment of intestinal obstruction; are applicable to cases of obstruction due to a foreign body, an enterolith, or fecal accumulations, and should only be resorted to before inflammatory changes have developed at the seat of obstruction, and while the patient is under anæsthesia. The rule now is, not wait hours or a day to do taxis, but do it only fifteen minutes, and never over thirty.

Senn states: True intestinal obstruction, whatever its cause may be, is as strictly a surgical affection as strangulated hernia, and remediable only by the same kind of surgical treatment.

To let a patient die of the consequences of a removable cause of obstruction, without an operation, is a reflection upon the advances of modern aggressive surgery. In doing an abdominal section for obstruction, the aim of the surgeon should be to save life,

operate quickly, safely and cautiously, and not do an ideal operation, but economize time, minimize shock, lessen the stage of anæsthesia, prevent unnecessary extrusion of bowels, and protect them with hot aseptic towels, irrigate with hot aseptic water, and prevent complications, making all the details of the operation aseptic from beginning to end.

Every physician, as a rule, on graduation, appropriates to himself the prodigious title of surgeon. One may do some fair and moderately good general surgery, yet be an inferior or bad abdominal surgeon, and unless he has had special training, practical experience, understands the technique of intestinal obstruction, and is prepared to meet every contingency that might arise and be master of the situation, he should not attempt the abdominal section. In no other speciality do so many stupendous and hydra-headed complications arise.

Opium in the treatment of intestinal obstruction should be numbered with the past; no physician has the moral or professional right to narcotize a patient, obscuring complications, which, were they allowed to arise, would be highly indicative of surgical interference, causing his patient to sleep the sleep that knows no waking, and leaves him a victim to narcosis in the valley and shadow of death.

Early diagnosis and early operation, before structural lesions have occurred, when the patient is in the best possible condition for operation, by a surgeon skilled in all the details of abdominal and intestinal surgery, who operates quickly, safely, expeditely, economizing time, minimizing shock, lessening the stage of anæsthesia, and protection of the viscera under aseptic precautions, little or no taxis, and the technique of the operation having been so much simplified by Senn's intestinal anastomosis, lateral apposition, lateral implantation and intestinal exclusion, and Senn's modification of Jobert's operation by circular enterorrhaphy, will greatly lessen the mortality of intestinal obstruction in the future.

Society Notes.

THE AMERICAN MEDICAL ASSOCIATION.

OUR National Medical Society held its forty-first annual meeting at Nashville, Tenn., and the programme of the general session was carried out as announced, except that the Address on State Medicine was read by title. About one thousand delegates and members registered during the meeting. The venerable and dignified President, Dr. E. M. Moore, of Rochester, presented an admirable address, and gave general satisfaction by his mild and gentle rule. The Nestor of the Association, ex-President Dr. N. S. Davis, of Chicago, was upon the platform and delivered the Annual Address on Medicine, in which the questions of the day were discussed with great freshness and vigor. The Address on Surgery was delivered by Dr. Samuel Logan, of New Orleans, who discussed anæsthetics, abdominal surgery, appendicitis, and wound-treatment. Dr. E. A. Wood, of Pittsburg, chairman of the Committee on Dietetics, read a report on the evil consequences of improper feeding of infants, and the necessity of using the muscles of mastication. The Address of the Chairman of the Section on State Medicine, by Sup. Surg.-Gen. J. B. Hamilton, U. S. M. S. S., was a model of its kind, although the addresses delivered before all the Sections were unusually good this year.

The Section work was somewhat marred by two things: 1. The Section meetings were held in differ-

ent parts of the city and at somewhat inaccessible places; and, 2, the programme did not indicate the schedule time for reading different papers, so that members might have the opportunity of knowing when and where certain papers of special interest would be read. It would be advisable, in future meetings, for the officers of Sections to insist upon having papers in their hands a month before the annual meeting, so as to be able to arrange for their discussion. In this way it would be possible for them to avoid giving place upon the programme to men who promise to prepare papers and do not do so.

One of the features of the meeting was the receipt of a communication from the National Association of Medical Colleges, announcing an unanimous decision in favor of a three years' graded course and a preliminary examination. A communication was also received from the Tennessee Pharmaceutical Association, calling attention to the injury done by the use of proprietary medicines by the profession. The Obstetrical Section received a telegram announcing the death of Prof. W. H. Byford, at his home in Chicago, and appropriate resolutions were ordered entered upon the minutes.

The chairman of the Nominating Committee, Dr. Eugene Grissom, submitted the following report of the names of the persons nominated by the Committee on Nomination to fill the various offices in the Association for the ensuing year:

President, W. T. Briggs, M.D., Tennessee. *Vice-Presidents*: First, C. A. Lindley, M.D., Connecticut. Second, R. C. Moore, M.D., Nebraska. Third, Hal. C. Wyman M.D., Michigan. Fourth, L. P. Gibson, M.D., Arkansas. *Treasurer*, R. J. Dunglison, M.D., Pennsylvania. *Permanent Secretary*, W. B. Atkinson, M.D., Pennsylvania. *Librarian*, C. L. Richardson, M.D., District of Columbia. *Trustees of Journal*, J. B. Hamilton, M.D., District of Columbia; J. V. Shoemaker, M.D., Pennsylvania; D. E. Nelson, M.D., Tennessee. *Judicial Council*, X. C. Scott, M.D., Ohio; W. F. Peck, M.D., Iowa; J. A. Lane, M.D., Kansas; J. H. Murphy, M.D., Minnesota; J. J. Happel, M.D., Tennessee; D. J. Roberts, M.D., Tennessee; A. Garcelon, M.D., Maine.

E. L. Shurley, M.D., of Michigan, was appointed to give the Address on General Medicine.

Joseph M. Matthews, M.D., of Kentucky, Address on General Surgery.

W. L. Schenck, M.D., of Kansas, Address on State Medicine.

San Francisco, California, was chosen by the committee as the place of next meeting. Date, first Tuesday in May, 1891.

The Convention adopted the report of the committee, substituting, however, Washington, District of Columbia, for San Francisco, California, as the place of meeting in May, 1891.

W. C. Patterson, M.D., was appointed chairman, and C. H. A. Kleinschmidt, M.D., secretary of the local committee.

A new Section, on Materia Medica and Pharmacy, was created. Dr. Frank Woodbury, of Philadelphia, was made chairman, and Dr. B. S. Ewing, of Nashville, secretary.

The entertainments were profuse, and the hospitality of the profession and citizens of Nashville unbounded, and only equalled, but not surpassed, by the weather, which was everything that could be desired.

A FEW drops of tincture of iron added to the urine, will give a blue color if the patient is a morphine eater.—*Formulary*.

The Polyclinic.

PHILADELPHIA HOSPITAL.

R. P. DAVIS, M.D.

PEDICULOSIS OF THE SCALP.

I HAVE here a number of children who are suffering with pediculosis of the scalp. The important point in such cases is to distinguish this condition from eczema of the scalp. Here there is no crusting or matting of the hair that is present in eczema. There are here and there, over the scalps of these children, a multitude of small red patches that have been produced by the habitation of these lice. When these children came into the hospital the diagnosis was easily made, and the treatment has consisted of an application of carbolated cosmoline or vaseline. The scalps were thoroughly washed with water, carbolic acid and soap. A layer of lint was smeared with the germicidal ointment and placed on the scalp, and over this was placed a cap that is lined with oiled silk or rubber. In order to get any effect on a scalp on which the tissues are infiltrated, there is nothing so practical as wearing this form of skull cap all the time until the desired results are attained.

SEPTIC INFECTION.

The next patient is a well developed woman, who was delivered, outside, of a healthy child. She was brought to the hospital, and, nine days after the birth of the child, her temperature rose to 104° F., with pain over the uterus and cessation of the lochia. The patient did not have any direct evidence of inflammation of the pelvic tissues. The uterus and vagina were washed out with an antiseptic solution, and an iodoform suppository of sixty grains was placed in the uterus. This did not bring down the temperature. The uterus was then curetted with a douche curette, through which flowed an antiseptic solution. The site of the placenta was found to be rough, and a number of pieces of deciduous membrane were removed, and, after thorough cleansing, an iodoform uterine suppository was inserted. She was given quinine and whiskey, and she is now very much improved. It was a mild case of septic infection, that was not severe enough to justify taking the child from the breast, for it is only where the tissues of the body are affected that it is necessary to remove the child from the breast. We are still continuing to wash the vagina daily, and are giving good diet and stimulants.

POST-PARTUM HEMORRHAGE.

This woman, aged twenty-seven years, is a multipara, having given birth to a large child before this one. She came into the hospital in the afternoon, and the same evening, at 5 P.M., the child was born. The placenta was large, and weighed two pounds and six ounces. The cord was thirty-six inches long, and had seventeen twists in it. The child was twenty-one and one half inches long, and weighed ten pounds.

When labor came on the membranes ruptured, at 4.30 P.M., and the cord was found to be around the child's neck. When the liquor amnii escaped the labor pains began to weaken, and ten grains of quinine were given, which strengthened her and brought on good pains. Labor progressed nicely, and during the delivery of the head I gave her a little chloroform to inhale. It is my custom to give chloroform during the birth of a child. The next pain, after the head was delivered, was stimulated by gentle pressure on the fundus uteri, and the body was born. Just as

soon as the head is born, it is our first duty to run our fingers up to the child's neck and loosen the cord, if it is around it. After you have looked after the cord, look to the birth of the shoulders. This patient was lying on her left side; the child's head was raised gently upward, and support given to the perineum. When the head is born, the pains may cease and the face of the child become blue. In such a case use massage over the uterus, as this will generally bring on one or two good pains, and bring the child away. After delivery of the placenta in this case, we gave a teaspoonful of fluid extract of ergot, and thoroughly syringed the vagina with bichloride solution, and left the patient in good condition.

One-half hour after the expulsion of the placenta there was a large gush of blood from her vagina. The uterus was relaxed. We gave a hypodermic injection of ergot, gr. vijss., and an injection of a hot, one per cent. solution of creolin, and massage over the uterus. The uterus would contract firmly, then relax again, and each time relaxation occurred massage and hot injections were used. The patient became very much exhausted, and the pillow was removed from under her head and the foot of the bed highly elevated. The oozing could not be checked, and it was decided to tampon the uterus. A strip of iodoform gauze three inches wide was taken, and one end grasped with the dressing forceps and carried well up to the fundus of the uterus; a second fold was carried into the uterus; the vagina was filled with the rest, and a portion protruded from the vulva. A pad was placed on the fundus and each side of the uterus, and a binder applied. One ounce of whiskey and four ounces of milk were given per rectum. This effectually stopped all hemorrhage. The after treatment was highly seasoned beef-tea, whiskey, and milk. Temperature has since been normal. During the hemorrhage the pulse was 120-130, compressible and soft; patient was dizzy and thirsty. The tampon was allowed to remain eighteen hours, and was then removed. No clots or bad odor were found. A warm injection of a one per cent. creolin solution was used, and antiseptic vaginal douches have been used at regular intervals since. Hemorrhage has not returned.

Uterine inertia, due to an over distention by a large child, as in this case, is the most common cause of post-partum hemorrhage. There are two kinds of uterine inertia, one of which is where the uterus contracts nicely, and, all of a sudden, relaxes with a sudden gush of blood. It then ceases as suddenly as it began, if you use firm compression over the fundus and hot douches. This case was not of this nature; but there was a persistent oozing, due to the fact that the uterine muscles had been over-distended, and could not contract firmly. There are other causes that affect the small blood-vessels, such as syphilis or endometritis, that cause an oozing, and nothing but direct pressure over the site of the placenta will control it, no matter how firmly the uterus may be contracted. You will find women who have suffered from malaria, who bleed from defective innervation of the uterus.

In the treatment of puerperal hemorrhage, a certain amount of modifications over the old methods have come about. Always ascertain the cause of the hemorrhage. Since the method of expulsion of the placenta by Credé's method has come into vogue, puerperal hemorrhage has been greatly diminished; but, if used rudely, it will cause spasmodic contractions of the uterus, that will be followed by relaxation and hemorrhage.

It is well to have in your mind two or three things that you will do if hemorrhage should come on during labor, so that you will act automatically, as it were. In certain emergencies you must learn to act automatically, or you will never become successful practitioners. Your very first move in hemorrhage is to get your hand on the fundus uteri to ascertain its condition, and to do this remove the binder quickly if it has been applied. If the uterus is relaxed, use massage over it while they are obtaining hot water for you. Then give a hot vaginal douche of 110° F. Let the douche be vigorous and profuse, and flush the uterus. Do not use a small catheter, but use a large gum-tube, or anything that can be used without fear of septic infection. These two things—massage and hot douche—will effectually check fifty per cent. of all cases. Again, we can give ergot, but we will find times when ergot will not be of any more good than so much pure water. Quinine is an excellent remedy to stimulate uterine contractions. In cases of innervation of the uterus, ergot has an evil effect. If it is a case of simple uterine inertia, it is well to use hypodermics of ergot, thrown deeply into the cellular tissue of the abdominal walls.

How about the use of the household remedy—vinegar? There is no objection to using it, if it is made from pure hard cider, but I do not like to use the article as ordinarily found in the household, for, as a rule, it is a common article and subjects the patient to the danger of infection.

Placing ice in the uterus, or ice over the abdomen, can be replaced to advantage by hot injections and a hot turpentine stupe over the abdomen. The great principle underlying all treatment will be that of support. After using ergot, hot douches, massage and lowering of the head, I prefer to use an intra-uterine aseptic tampon, as already described. The faradic current, one pole over the uterus, and the other over the perineum or back of the neck, has been considered useful. In certain stages of anæmic hemorrhage, hypodermics of morphine and atropine, or digitalis, often helps you. You may inject ether, whiskey or strychnine, but remember, not to give medicine by the stomach, for it is common to have vomiting after hemorrhage. Occasionally, a patient will die of true anæmia from puerperal hemorrhage, but it is rare. It is a well-known fact that a wounded man on a field of battle scarcely ever becomes ex sanguine. The greatest danger is from septic infection from uncleanness and carelessness. Most cases die, not from the hemorrhage, but from the sequela of puerperal sepsis. In the case before us, the mother is recovering nicely, and the child has been put to the breast.

IRON WITH DIGITALIS.

Dr. Vansant, in speaking of the treatment of dropsy, said that it was frequently desirable to use the tincture of the chloride of iron with digitalis, but they are incompatible. To overcome this, use dilute phosphoric acid and a combination of R.—Tr. ferri chloridi; acidi phosphorici dilut.; digitalis and syr. zingib., which answers admirably.

A combination of digitalis, strophanthus and caffeine also acts very well for its diuretic effects.

Dr. J. B. Deaver recommends the following as an excellent application in inflammation with exudation:

R.—Unguenti hydrargyri ʒiv.
Unguenti ichthyol ʒij.
Lanoline ʒij.—M.

AMMONIA MIXTURE.

Dr. S. S. Cohen gave to the class a favorite ammonia mixture used in Philadelphia Hospital.

R.—Ammonia salicylat.

Ammonia carb. āā gr. v.
Spts. ætheris nitrosis m̄ xv.
Extracti cocæ fluid. f3j.
Glycerin f3j.
Liq. ammon. acetat. q. s. ad f3ss.

M.—Sig. Give every two or four hours as indicated.

MIXTURE OF IRON AND SALICYLIC ACID.

R.—Tr. ferri chloridi f3ij.
Sodii salicylat 3ij.
Acidi citrici gr. x.
Glycerin f3i.
Liq. ammon. cit. (Brit. Pharm.) q. s. ad f3iv.
Oleii gaultheriæ gtt. xv.

M.—Sig. Give from one to two teaspoonfuls at a dose, every two hours, until ringing of the ears is produced; after this give every four to six hours.

You will find that in cases of anæmia with chronic rheumatism this prescription can be used with great advantage.—Cohen.

MEDICO-CHIRURGICAL HOSPITAL.

ACUTE COLD.

THE following is an admirable remedy for a cold of an acute character in children:

R.—Ammonia mur. 3j.
Syr. scillæ,
Syr. ipecac āā 3iij.
Tr. opii camph. 3j.
Syr. tolu. q. s. ad. 3iij.

M.—Sig. Take a teaspoonful every three hours.

—Atkinson.

SORE MOUTH.

Little boy, six years old, has a sore mouth that is almost like cancrum oris. Has a heavy cold. Tongue looks well; but he is too pale. Has small blisters on his lips. Internally give:

R.—Syr. hypophosphit. comp. 3j.
Elix. simp. 3ij.

M.—Sig. Give a teaspoonful three times a day.

Let him have a mixture with which to wash his mouth:

R.—Acidi carbolic. gtt. ij.
Resorcin. 3ij.
Alcohol. 3iss.
Aquæ dest. q. s. ad. 3v.—M.

When his bowels become constipated, give five drops of fld. ext. cascara with some elixir, to aid digestion and act mildly on the bowels. Be sure you get a good article of cascara.—Atkinson.

CAUSES OF EXTRA-UTERINE PREGNANCY.—I. Terror and shock coinciding with the time of fecundation.

2. Blows upon the abdomen a short time after fruitful coition. (These are both doubtful.)

3. Malformation of the tube; paralysis or spasm of the same; defective or excessive length of the tube; engorgement, swelling and ulceration of its mucous membrane; hardening and retraction of the fibriated extremity, as well as obliteration of the tube within the uterus.

4. False passages leading to Fallopian tube or ovary.

5. Inflammatory process within the pelvic cavity, and pressure upon the tube, created by swelling or morbid growth.

6. Desquamative salpingitis.—*Weekly Med. Rev.*

DRAINAGE IN ABDOMINAL SURGERY.—In speaking of the value of drainage in abdominal surgery, Dr. Charles B. Renson concludes his paper in the *Journal of the American Medical Association* with the following deductions:

1. The abdominal drainage-tube, properly used, does not increase the mortality after laparotomy.

2. Confidence in this fact is necessary for a correct determination of cases requiring drainage.

3. Frequent careful cleaning of the tube is of the greatest importance.

4. The few annoying sequelæ attending the use of the drainage-tube can be avoided or easily cured.

5. It is safest to use the drainage-tube too often rather than too rarely, as we would, in case of doubt, use any other precautionary measure.

AN ANALYSIS OF FIFTY-SEVEN FATAL CASES OF EAR DISEASE, AND OF THE COMPLICATIONS WHICH LED TO DEATH.—Dr. G. Newton Pitt, from an analysis of a large number of fatal cases of ear disease in children, has drawn the following conclusions:

1. Abscesses in the temporo-sphenoidal lobe, which is by far the most common situation, are often associated with an inflamed or sloughing dura mater over the anterior surface of the petrous bone, or with a collection of pus beneath it.

2. Other complications are infrequent, except meningitis, which is generally due to the extension or to the rupture of the abscess.

3. These abscesses are almost always situated very close to the roof of the tympanum.

4. A foul discharge is often a source of danger, and frequently, if not invariably, the spread of the mischief is due to imperfect drainage of the middle-ear.

5. Mastoid suppuration often infects the posterior surface of the petrous bone, but it may be associated with disease limited to the middle fossa of the skull.

6. Cerebral abscesses only occur when the otorrhœa has lasted for months or years.

7. The symptoms usually come on insiduously.

8. Rigors, pyrexia, and optic neuritis are all infrequent in uncomplicated cases, but they all occur occasionally.

9. A headache of intense severity, and a dull, sluggish, mental state, are the two most characteristic symptoms.

10. Cerebellar abscesses are less common, and will probably be associated with disease of the dura mater behind the petrous bone, or with thrombosis of the sinus.

In the above series of cases thrombosis of the lateral sinis occurred twenty-two times, and, from a study of these cases, Dr. Pitt has drawn the following deductions:

1. The disease more often spreads from the posterior wall of the middle-ear than from the mastoid cells.

2. The otorrhœa is generally of some standing, but not always.

3. The onset is sudden, the chief symptoms being pyrexia, rigors, pain in the occipital region and in the neck, associated with a septicæmic condition.

4. Well-marked optic neuritis may be present.

5. The appearance of acute local pulmonary mischief, or of distant suppuration, is almost conclusive of thrombosis.

6. The average duration is about three weeks, and death is generally from pulmonary pyæmia.

—*Brit. Med. Jour.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 14, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

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CHOLERA INFANTUM.

TWENTY deaths last week from cholera infantum, and sixty-eight from other affections of the gastro-intestinal apparatus, warn us that the summer is here and the annual slaughter of the innocents has commenced. Although there have been radical changes in the current views as to the pathology of this group of diseases, the effects upon the annual mortality are not as yet very marked. Therapeutic applications have been made, but have not as yet been generally accepted by the slow-moving body of the profession. Two ideas are to be kept in mind concerning the summer diseases of children: intestinal sepsis and the regulation of the diet. It is instructive to glance over the pages of the older textbooks, such as the earlier editions of Meigs and Pepper, and note the blind floundering of the therapist before the development of the germ theory and the researches upon ptomaines gave us a definite working theory. The intestinal canal of the infant is a breeding ground for countless microzymes, good, bad, and indifferent, which carry on their operations unceasingly; and when the combined influences of tropic heat, bad hygienic surroundings and unwholesome food lower the vital forces of the child to a certain point, these organisms, or their toxic products, pass through the unguarded portals and manifest their presence in the body by their appropriate effects. The first indications of abnormal action in the intestinal canal, undue fetor, fermentation or diarrhoea, should be promptly met by the administration of such substances as will correct the difficulty and put the primæ viæ in the state of sepsis. A number of agents have been employed for this purpose, and good results have been reported from resorcin, naphthol, mercury, salicylic acid, subiodide of bismuth and salol. It is quite natural for the physician who has experienced the great benefit of intestinal antiseptics to become partial to the agent which has first afforded him this great advantage over his previous practice. Nevertheless, there is one of these agents which must be better, taken all in all, than the others, and the best is the sulpho-carbolate of zinc. It is free from the unpleasant taste of some, the irritant qualities of others, the toxic possibilities

of others; it does not interfere with the digestive functions, and it is at least equal in efficiency to all its rivals. It possesses all the advantages, and no disadvantages. In the gastric cases it relieves the vomiting at once. In dysenteric cases it may be injected into the bowels with the best results. Many practitioners have made use of this drug in summer complaint at our suggestion, and we have yet to hear from one whose experience has not impressed him with the same conviction which we have just expressed. Our readers must pardon the iteration; but the introduction of new drugs occurs so rapidly that, unless a good thing is kept constantly in sight, it is apt to be overwhelmed and swept away into oblivion by the crowd of new comers. It is unfortunate that, in the most serious cases, the medical adviser is likely to grasp at the last remedy proposed, instead of leaning on well tried and reliable agents. In children, the sulpho-carbolate is best given in doses of one-half to two grains, repeated every one to four hours; the frequency being regulated by the effect upon the stools, and the object being to keep them free from fetor. In dysenteric cases, five to ten grains may be injected in four ounces of hot water.

Of equal importance is the diet. Thanks to Vaughan, we know what an egregious mistake we made in pinning our faith upon milk. That this substance should have attained its undeserved place in the dietary of the sick is an illustration of the shallow reasoning upon which much of our practice is still founded. We recognize the absurdity of the time when saffron was given for jaundice because both were yellow; but this was a trivial matter beside the use of that summary of all that is undesirable in a sick child's diet—milk. Variable in composition; disease-transmitting; liable to adulteration; prone to decomposition; apt to absorb disease; of the utmost difficulty to preserve; a culture ground for almost every known disease-germ; if there is a bad quality which a food can have which may not be found in milk, the writer knows it not.

Our preference is decidedly in favor of the prepared infants' foods. The question of their being patented or not we leave to those who look upon such matters as of greater importance than the lives of their little patients. The superiority of those foods which have been deprived of their innutritious constituents and brought into such a state as to be readily digested by the child, is incontestable. Reed & Carnrick's, Nestle's and Mellin's foods, with the raw, scraped beef and the raw white of an egg dissolved in ice-water are five forms of food for sick children which will meet every indication of the digestive requirements and idiosyncrasy of taste. Add to them Bovinine, a food and a stimulant, and it will be difficult, indeed, to find a case which requires an addition to this list. To these foods and the antiseptic which he has recommended for the past four years, the writer attributes a degree of success in the management of summer complaint which he never obtained previously, and which leaves little opportunity for improvement.

THE College of Physicians and Surgeons of Baltimore is to have a new building in the near future.

THE CENSUS.

WE have seen, with much regret, the attitude assumed by our confrères in opposition to the special investigations of the Census Bureau. This journal is the only one which, to our knowledge, has counseled compliance with the request of the Bureau for information from our profession. In spite of the numerous editorials upon this subject, we are unable to see anything objectionable in the queries propounded. The decennial census supplies a vast amount of valuable information concerning our country and its growth in material prosperity. Statistics are collected upon every subject which can in any manner aid in the study of our national growth: our commerce, manufactures, agriculture, etc. But what is there of greater importance than the national health? The universal query when acquaintances meet, is as to their physical well-being. The prevalence of special diseases in various sections is a matter which physicians must know, to be qualified to properly advise their patients' sojournings. There is no more valuable work done in the domain of medicine than that of our State Boards of Health in studying local outbreaks of infectious disease. One of the burning evils of the day is the dumping upon our shores of the criminal and defective classes of Europe; the blind, the halt, the lame, and the numbers of these as compared with really sound immigrants from the same countries, and of the native born in the same conditions, are matters of concern to every one. The interest which the families of these persons have, or suppose they have, in concealing the infirmities of their relatives, makes the request for the coöperation of physicians eminently proper and advantageous. The public weal demands that every Chinese leper, every idiotic Hungarian or cretinic Swiss, shall be known and returned to his own country.

These are but a few of the advantages that would be thrown away by an unnecessary and factious opposition on the part of physicians. Certainly there are cases in which the professional veil of secrecy should not be lifted. It is not expected that the medical attendant shall publish the facts as to Miss Smith's baby, Mr. Jones gonorrhœa, or Mr. Brown's mania-a-potu. Such cases are exceptional, and, leaving them out, there remains a vast number of cases in which material assistance may be furnished by physicians without for a moment compromising their professional dignity, or their patients' reputation. To assist the enumerators in every case where it does not conflict with one's duty to his patients, instead of needlessly hampering these men in their difficult task, is the duty of every law-abiding citizen.

THE NEW AMERICAN MEDICAL COLLEGE ASSOCIATION.

WHEN the American Medical Association was first organized, one of the express objects in view sought to be attained by this body was, so far as lay in its power, to assist in the elevation of the standard of medical education and medical practice in this country.

During its existence of nearly half a century great progress has certainly been made in this direction. It has seen the annual session of our medical schools lengthened from four months to nine, and in our leading medical institutions the college term extended to three years, with a strong probability that in the near future it will have another year added. The lectures are no longer the stereotyped matter which was made to do duty year after year; now the course is graded, laboratory work takes up much of the time, and the lectures are principally clinical or demonstrative.

Medical schools have sprung up all over the United States, and in each instance where they are in affiliation with the American Medical Association, and offered by its members, it can be said that they have honestly striven to do what they could to carry out this laudable purpose. It was thought, some fifteen years ago, that while individual colleges had done much, by organization and union they could accomplish still more. After four or five meetings, it was found that some of the larger schools, with large incomes from students' fees, were unwilling to adopt as high a standard as endowed schools, or those where the classes were small and the students' fees of less consequence. The result was that the Association of American Medical Colleges adjourned *sine die*, after doing considerable work and formulating rules which ought to be enforced, but which the larger colleges were not quite ready to adopt. Since then the medical profession and the general public have been turning some attention to the subject, and some advance has been made towards solving the problem from another direction. It has become very evident that the State owes a duty to its citizens, whose lives and property it has in keeping, of protection from ignorant and unqualified medical practitioners. State boards of health have been formed, which have done good work in educating the people and making them more critical with regard to their medical advisers.

In many States, laws have been passed regulating the practice of medicine to a greater or less degree. But of all the agencies which have been prominent in this work, none have contributed so directly towards the practical solution of the problem as the Illinois State Medical Society, which was probably the first public body in the United States to officially recognize and define the essential difference between medical diplomas as evidences of medical attainment and in their delegated authority of conferring the right to practice medicine, and to declare that after a certain time all medical colleges wishing to maintain their standing with the State Board of Health of Illinois would be required to extend their term of study to three years, and to have a graded course.

This put a new phase upon the question, which college faculties were quick to perceive; and the natural result was that the two year colleges fell into disrepute. When the situation was appreciated, the only thing to be done was to yield as gracefully as possible; and this is what the two-year colleges are all coming to.

Feeling that the present was a favorable time to reorganize the American Medical College Association,

one of the Baltimore medical schools sent out a circular, calling a meeting of those interested, at Nashville, during the meeting of the American Medical Association—which was a most appropriate occasion—and the result of the deliberations of the representatives of the fifty-seven colleges which sent delegates was reported on the morning of the third day's session of the association. The communication was read by the Secretary of the National College organization, and was received with applause. This was in the form of the resolutions which had been adopted unanimously the day before by the ninety-five representatives of the fifty-seven colleges, as follows:

1. That the Colleges represented in this Association adopt three graded courses of not less than six months each, no two courses to be given in the same year.

2. That both oral and written examinations be required from all students.

3. That the laboratory instruction in chemistry, histology and pathology be required.

4. That the Colleges belonging to this Association demand the following examination of all applicants for matriculation, (a) A composition in English of not less than two hundred words. (b) The translation of easy Latin prose, or, in lieu thereof, an examination in either German, French or Scandinavian languages, provided that students be allowed one year to make up any deficiency in the part of the examination. (c) An examination in higher arithmetic. It is provided, however, that candidates who are graduates of matriculates of recognized colleges of literature, science and art, or of normal schools supported by the different States, are to be exempt from the provisions of this examination.

The American Medical Association, by resolution, expressed a hearty approval of this communication, and it was entered upon its minutes.

The following are the officers of the American Medical College Association:

President: N. S. Davis, M.D., LL.D., Chicago, Ills. *Vice-Presidents:* First, Aaron Freedewald, M.D., Baltimore, Md. Second, H. D. Didama, M.D., Syracuse, N. Y. Third, T. Menees, M.D., Nashville, Tenn. Fourth, Samuel Logan, M.D., New Orleans, La. Fifth, Wm. H. Pancoast, M.D., Philadelphia, Pa. Sixth, S. A. Lindsey, M.D., Nashville, Tenn. Seventh, W. F. Peck, M.D., Davenport, Ia. *Secretary and Treasurer:* Perry H. Millard, M.D., St. Paul, Minn.

In his communication sent to the *Boston Medical and Surgical Journal*, (June 5, p. 564), Dr. Millard omits the exception with regard to the Latin requirements which appeared in the official minutes, that a knowledge of French, German or Scandinavian (whatever language that may be!) would be accepted in place of Latin. The object of stipulating a knowledge of Latin, on the part of the matriculate, is obviously to help him acquire the difficult nomenclature of anatomy, pharmacology, and medicine (prescription writing, ect.). How the knowledge of any thing else could be accepted as a substitute for this very essential knowledge, we fail to see. It seems like a bid for the foreign vote; it certainly gives the foreign

born, French, German or Scandinavian student a distinct advantage over the native born American citizen, whose vernacular is English as "she is spoken" this side of the Atlantic. Let the Latin requirements be made absolute; no matter how many other languages the student may or may not be on speaking terms with.

Annotations.

WHAT PUNISHMENT TO FIT THE CRIME?

WE have reason to congratulate ourselves, of course, that among civilized people the custom of torturing criminals, or supposed criminals, is no longer in vogue. But when we hear of such an occurrence as that which lately happened in Texas, in which an unoffending man was saturated with kerosene and burned to death by his jealous rivals, a feeling comes over us as if a temporary revival of some of the old-time instruments of torture would not be out of place.

CHLOREMIA.

HOLLIS (*Brit. Med. Jour.*) proposes this term to replace chlorosis, as being better fitted to represent the condition of colorless blood. In the treatment, he says that the best results follow the administration of freshly-prepared saccharated carbonate of iron, in drachm doses, after meals. This is supplemented by a few days' rest in bed, with low diet, usually consisting of three pints of milk daily, one of beef tea, and custard pudding. On getting up, they are put upon fish diet.

It is probable that in the numberless newer forms of iron placed in our hands by the ingenuity of pharmacists, the older ones have been almost forgotten. The principles laid down so clearly by Niemeyer as to the use of large doses, seem also to be forgotten, and consequently we are less successful than our predecessors in the treatment of chlorosis. The carbonates of iron will sometimes succeed when many other chalybeates have failed. The suggestions as to a few days' rest and low diet are of value, as the tendency of the day is to over-feed patients, with too little regard for the nice balance between the ingestion of food and the capabilities of the digestive apparatus.

CROSSING THE KNEES.

MISS JENNESS, the apostle of dress reform, in a late lecture discussed the subject of "How to walk and sit." With regard to the latter, she remarked that it was not only indelicate for a woman to sit with one knee crossed over the other, but she also believed it produced paralysis. This latter thought was entirely new to us, and set us to wondering why the vast majority of mankind are not helpless paralytics, and a burden to the world, for compared with theirs, the crossed knee experience of women is a mere trifle. By the way, with regard to this crossing of the knees, an article appeared in one of the medical journals some time since, written in a jocular vein, deprecating this custom, dubbing it American, and wondering how it became so popular.

The custom is popular simply because the position is comfortable. When seated with the thighs parallel the knees have a tendency to separate, producing tensions on the adductor muscles of the thighs. Or

if the knees are held near each other, there is a conscious exertion of these muscles. In either case there is physical discomfort, and every man has found out for himself, whether anatomist or not, that this discomfort can be relieved by throwing one knee over the other. Women must not feel this discomfort to the same extent, because their skirts act as a support to prevent the natural falling apart of the knees when the muscles are relaxed. And probably because of this fact, and because also the crossed knee position is not considered ladylike, and not through fear of disabling paralysis, there will continue to be this difference between the habits of men and of women.

THE CITY'S HEALTH.

DURING the week ending June 7, the deaths reported in Philadelphia numbered 465, as compared with 304 the preceding week, and 388 the corresponding week of 1889. The principal causes were as follows:

Phthisis	48
Heart disease	47
Pneumonia	35
Marasmus	21
Cholera infantum	20
Convulsions	19
Old age	18
Inflammation of brain	17
Disease of stomach and bowels	17
Bright's disease	16
Cancer	13
Apoplexy	12
Bronchitis	11
Congestion of the brain	11
Inanition	9
Paralysis	9
Congestion of lungs	7
Cirrhosis of liver	7
Diphtheria	7
Croup	6
Scarlatina	6
Measles	5
Whooping-cough	5
Typhoid fever	4
Other causes	95

The number of deaths from heart disease increases weekly, until now it almost equals those from phthisis. It is to be regretted that so few physicians specify the disease; but this is largely due to the fact that few cardiac affections occur singly. Cholera infantum makes its appearance, and the influence of the hot weather of last week is also seen in the large number of deaths from marasmus, old age, and other affections characterized by debility. The deaths among adults numbered 245; minors, 220; but this preponderance will soon change sides. Eleven deaths were reported from diseases of the liver, not including those assigned to alcoholism, or to dropsy. This is an unusual feature. Typhoid fever has almost disappeared, this affection standing thirtieth in the list of death causes. Nevertheless, there is no reason to believe that the Schuylkill water has ceased to be employed as a beverage. When the medical profession becomes thoroughly awake to the fact that it is directly responsible for the continued prevalence of this disease, and that destruction of the stools of each patient would prevent a further spread from that case, typhoid fever would cease to exist.

THE Metric System is said to be legally recognized at present by over 60 per cent. of the civilized nations of the world.

Letters to the Editor.

TO PHYSICIANS IN PENNSYLVANIA.

AN opportunity is afforded, in connection with the taking of the census by the United States Government, of obtaining statistical information which cannot fail to be of extreme value to the State, as regards the physically defective classes which compose a portion of its population. The State Board of Health, to which has been confided the duty of superintending the collection of vital statistics in this Commonwealth, is desirous that these returns should be as full as possible. The medical profession, of all others, should be the first to appreciate the importance of such information. It has been found, however, in conversation with physicians, that many of them entertain the apprehension that the information which they thus impart may be used in some manner detrimental to the patient or individual to whom it refers. In order to remove any such obstacle to obtaining complete returns, communications were addressed to the Hon. Robert D. Porter, Superintendent of Census, and Dr. J. S. Billings, Surgeon, U. S. A., in charge of Vital Statistics and Statistics of Special Classes, asking for a guarantee in addition to that already given, "that all information furnished on their schedules would be considered and treated as strictly confidential, no names being published." To this communication the following replies have been received.

There can, therefore, be no ground for hesitancy on the part of the profession on the score of professional delicacy, to furnish the information called for in every particular. Respectfully,

(Signed) BENJAMIN LEE, M.D.,
Superintendent, Vital Statistics of the Commonwealth of Pennsylvania.

DEPARTMENT OF THE INTERIOR,
CENSUS OFFICE,
WASHINGTON, June 3, 1890.

SIR: I beg to acknowledge your favor of the 2d instant, and in reply to say that you can assure every physician in your State that whatever information they give to this office will be strictly confidential, so far as names and residences are concerned. That physicians' returns are to be used only to correct information received from enumerators, and immediately destroyed as soon as compared. Only a few selected clerks will ever see them, and it will be impossible that any information should reach their patients.

Permit me to express my appreciation of your interest in this work, and to assure you that you may pledge this office to fully guard against any personal information being obtained on account of the returns of the physicians. Very respectfully,

ROBERT P. PORTER,
Superintendent of Census.

BENJAMIN LEE, M.D.,
State Board of Health, Philada., Pa.

DEPARTMENT OF THE INTERIOR,
CENSUS OFFICE,
WASHINGTON, June 4, 1890.

SIR: Permit me to acknowledge your favor of the 2d instant, and in reply to state that the only object in obtaining these returns from physicians is to correct the enumerators' returns; and under no circumstances will the information received from physicians be used against an individual, but, as soon as compared, and enumerator's report corrected, the physician's schedule will be destroyed. They are to be

used simply to supplement the information given to enumerators, and in no case will any patient ever know, through this office, that a physician ever made a report of his case. The Superintendent communicated with you on this subject yesterday, and Dr. Billings (now absent) is fully in accord with him in assuring you that no physician need fear that the information given will be used, save in the most confidential manner.

In the absence of Dr. J. S. Billings, Special Agent,
Very respectfully,

W. H. OLCOTT,

Acting Chief of Division of Special Classes.

BENJAMIN LEE, M.D.,
State Board of Health, Philada., Pa.

Book Reviews.

CHICAGO NURSERY AND HALF-ORPHAN ASYLUM.

The twenty-ninth annual report of this rather oddly-named institution shows it to be in a flourishing and progressive condition.

REMOVAL OF THE UTERINE APPENDAGES. Nine consecutive cases. By MARY A. DIXON-JONES, M.D., Brooklyn. Reprint from the *Medical Record*, August 21, 1886.

An illustrated record of the cases, with histories of the operation.

INJURIES OF THE BLADDER DURING LAPAROTOMY; Including a Report of Sixty-seven Cases. By A. REEVES JACKSON, A.M., M.D. Reprint from the *Journal of the American Medical Association*.

A valuable compilation of the reported cases, with some hints as to the treatment of such injuries.

MALIGNANT DISEASE OF THE CORPOREAL ENDOMETRIUM. By HENRY C. COE, M.D., M. R. C. S. Reprint from the *Medical Record*, April 5, 1890.

Dr. Coe strongly advocates extirpation as the only curative process for this distressing condition.

A PRACTICAL SPLINT FOR INFLAMMATORY CONDITION OF JOINTS. By CHARLES F. STILLMAN, M.Sc., M.D., Chicago. Reprint from *American Lancet*, March, 1890.

The mechanical genius of the author is well displayed in this practical splint for inflamed joints.

PULMONARY CONSUMPTION IN THE LIGHT OF MODERN RESEARCH. By STEPHEN SMITH BURT, M.D., New York. Reprint from the *Medical Record*, April 12, 1890.

A review of the germ theory of disease, especially of tuberculosis, with hints and suggestions as to prophylaxis.

MISPLACEMENT OF THE UTERUS. By MARY A. DIXON-JONES, M.D., Brooklyn, N. Y. Reprint from the *Pittsburgh Medical Review*, October, 1889.

Dr. Jones considers primary or secondary disease of the uterine appendages as a frequent cause of uterine misplacements, and quotes a number of cases as illustrative of this assertion.

TWO CASES OF REMOVAL OF UTERINE MYOMA; one, Suprapubic Hysterectomy; the other, Complete Hysterectomy. By MARY A. DIXON-JONES, M.D., Brooklyn. Reprint from the *New York Medical Journal*, September 1, 1888.

A report of the cases, with some remarks on the treatment of uterine myoma by means of electricity.

STRICTURE OF THE RECTUM. Intestinal Obstruction. Inguinal Calotomy. By CHARLES B. KELSEY, M.D.

THE TREATMENT OF PELVIC HÆMATOMA AND HÆMATOCELE BY GALVANISM. By AUGUSTIN H. GOELET, M.D., New York. Reprint from *Gaillard's Medical Journal*, April, 1890.

From the use of galvanism in these conditions Dr. Goelet claims a shortening of the period of convalescence, and a lessening of the sufferings of the patient.

A RECORD OF EIGHTY MISCELLANEOUS ABDOMINAL OPERATIONS. Seventh Annual Address of the President, delivered before the Washington Obstetrical and Gynecological Society, October 4, 1889. By JOSEPH TABER JOHNSON, A.M., M.D., Ph. D., Washington, D. C. Reprint from *Am. Jour. of Obstet.*

An interesting paper, with a tabulated statement of the cases.

A HITHERTO UNDESCRIBED DISEASE OF THE OVARY; Endothelioma changing to Angioma and Hæmatoma. By MARY A. DIXON-JONES, M.D., Brooklyn. Reprint from the *New York Medical Journal*, September 28, 1889.

The first mention of the diseased condition of the ovary now denominated by Dr. Jones as gyroma, or anomalous menstrual bodies.

THE TREATMENT OF TORTICOLLIS (WRY-NECK.) By CHARLES F. STILLMAN, M.Sc., M.D., Chicago. Reprint from the *North American Practitioner*, March, 1890.

The author divides the treatment into three headings—preparatory, operative, and after-treatment. He recommends in the first heading the daily use of the spinal extension frames, devised by himself, claiming excellent results.

HOW TO PRESERVE HEALTH. By LOUIS BARKAN, M.D. Cloth, \$1.00.

A very readable and instructive hand-book of hygiene. The laws of the preservation of health are presented in a concise and yet comprehensive manner, and the volume is in every respect worthy of an introduction into every home in our land. It contains much valuable material for the physician himself, who is apt to lose some of his previous thoughts on hygiene in the whirl of a busy life.

CEREBRAL SURGERY. Observations. By H. H. A. BEACH, M.D., Boston.

Two cases are described; the first, an operation for traumatic epilepsy, ending in recovery; the second for a tumor of the brain, ending in death. The author very judiciously waited until ten months had elapsed after the operation, in order to know whether the most flattering results obtained by the operation would continue, and found that they did.

PNEUMONIA, With Special Reference to Its Treatment. By J. P. THOMAS, M.D., of Pembroke, Ky.

The writer, after referring to a paper which he wrote fourteen years since, and in which he details a number of cases of pneumonia successfully treated by the use of carbonate of ammonia, says that he has since found no reason to change his opinion as to the great value of this drug. At the beginning of an attack of uncomplicated pneumonia he applies a blister over the affected region. This both relieves pain and tends to frequent further engorgement.

Carbonate of ammonia is then given in twenty-grain doses every two hours as long as the stomach will tolerate it, or until the brick dust sputa has lost its color. The dose is then reduced. If thought advisable ten to thirty drops of tincture of digitalis are given every two to four hours, till its desired action on the heart is obtained.

The Medical Digest.

CAPSICUM is recommended as a rubefacient by Sawyer (*Lancet*), in the form of an ethereal tincture, for chronic gout, rheumatism, myalgia, and bronchitis.

HUBERT reports (*Lancet*) that, in holding a post-mortem on a young Arab, dead of pneumonia, a live male lumbricoid worm was found in the bronchus of the affected lung. The worm was four and three-fourths inches long.

OPIUM EATING.—W. S. Watson, M.D. (*Jour. Am. Med. Assoc.*), says that in 1880 533,451 pounds of opium were imported into this country. Besides this, it is estimated that several thousand pounds are produced here. Of this huge quantity probably not 25 per cent. is used legitimately; the remainder goes to the great and rapidly increasing army of opium eaters.

THE following formula is much used by physicians in the South for the malarial cachexia:

R.—Quininae sulphatis. 3j.
Ferri redacti. 5ij.
Acidi arseniosi. gr. ij.
Strychninae sulphatis. gr. j.

M.—ft. pil. seu capsulae, No. xxx.
Sig. One t. i. d. after meals.

—Corson, in *N. Y. Med. Times*.

KISCH (*Deutsch. Med. Zeit.*) explains the predisposition of very stout people to cerebral hemorrhage as follows: These persons are subject early in life to atheroma of the vessel walls, caused by the growth of fat cells in and near to the walls themselves. At the same time the large quantity of food and drink consumed, increases the blood pressure to a point which the atheromatous arteries are unable to withstand.

CALF-PEPSIN.—Dr. Frank Woodbury, who introduced the glycerite of calf-pepsin, has an article in the *Medical Bulletin* for June, 1890, advocating its adoption by the United States Pharmacopœia, which at the last revision admitted hog-pepsin, but acknowledged no other kind. In the case of infants, and in patients upon a milk diet, calf-pepsin is more appropriate, as it affords the physiological aid to digestion.

TREATMENT OF RESECTION OF THE HIP.—Krause (*Arch. für kl. Chir.*) describes the treatment of these cases in Volkmann's Clinic in Halle. Immediately after the operation extension is applied, and the weights increased until the limb is longer than the other. For this purpose, from twelve to twenty-five pounds are needed, and care must be used to get the plaster as high above the knee as possible. Extension must be maintained a long time after the wound has healed.

RENNERT (*Deutsch. Med. Woch.*) as a result of his observation, states that peritonitis in typhoid occurs without as well as with perforation of the bowel. If the bowel is not ruptured, then we must admit that the germs pass through some place in the bowel thinned either by an ulceration or diphtheretic process. The beginning of such cases of peritonitis are not so strong, to be sure, as where a large number of germs pass through a perforation. But occasionally it is difficult to say whether or not there is a perforation.

A CASE of poisoning from exalgine is reported in the *British Med. Jour.* Five grains were given. The patient stated that she lost all feeling for ten minutes; then recovering partial consciousness, she felt as if suspended in air, gradually sinking into space, no pain, but quite numb. The sight was indistinct. Consciousness returned in four hours, and with it the neuralgia, for which exalgine had been taken.

ETIOLOGY OF PERITONITIS.—Predöhe and Fränhel (*Munch. Med. Woch.*) have lately made observations independently on this point. Predöhe found a mixture of micro-organism in nine cases due to perforation, and one following an operation; in one case of puerperal origin he found only cocci; and in three due to operations he found only the streptococcus pyogeus. Fränhel finds micro-organisms in all cases of purulent peritonitis, and the most important rôle is played by the streptococci.

ON CALCIUM SULPHIDE.—John Aulde, M.D. (*Ther. Gazette*), again insists on the value of calcium sulphide in various suppurating diseases and tendencies. He finds the administration of grain one-tenth every hour or so, useful in aborting boils and carbuncles, or in shortening their duration. He recommends the same treatment in cases of ovarian pain, saying that in many cases marked relief is experienced, and probable or beginning suppuration averted. It will also be found of value in bronchitis, acute or chronic, giving much satisfaction as a treatment, and the tablets being much less distasteful than many of the nauseous mixtures compounded.

HABERMANN (*Centralb. für d. Med. Wissen*) has recently reported some cases of internal ear trouble where the nerve had entirely disappeared. In one case or a woman fifty-one years old, in place of the nerve a very thin, slimy, connective tissue and a few blood vessels were found. This woman had received a blow on the skull eight years before, which injured the brain where the auditory center is situated, and this is assumed to be the cause of the atrophy. Another case was that of a woman fifty years a mute. The same condition existed here. And Habermann assumed that the exudation around the nerve during an attack of cerebro-spinal meningitis led to its atrophy and final entire disappearance.

RUMINATION IN MAN.—Max Einboon, M.D. (*N. Y. Med. Record*), contributes an interesting paper on this topic. After discussing the history of rumination in man, of which there has so far been reported but one hundred and six cases, he details two that have come under his own observation. The first was that of a man of forty-five years of age, who experienced an hour or an hour and a half after meals regurgitations of food, which he would chew again and swallow. The food tasted just as good as it had in the first place; and the process once begun usually lasted from one-quarter to half an hour. His attacks, if they may be so called, were intermittent and quite beyond his control.

The other patient, however, a young physician, had complete command over this tendency, and could ruminate at will. He would simply close his glottis exert slight pressure over the pit of his stomach, and a small quantity of the contents of his stomach would be ejected into the mouth. In the way of treatment, therapeutic measures have so far been of little avail; cases, such especially as the last mentioned, being better treated by moral means than in any other way.

THE USE OF THE GALVANIC CURRENT AS A LAXATIVE.—In the *Medical Bulletin* for June appears a practical suggestion, by Dr. John V. Shoemaker, with regard to the treatment of constipation with the galvanic current. He uses an intrarectal metallic rheophore, introduced into the bowel a short distance, the other being applied by a moist sponge externally. The negative electrode is inserted into the bowel, and the patient controls the current by himself, applying the sponge-covered electrode to his perinæum. The current used is only 1 milliampère, applied for a few minutes. The bowels are generally moved in one or two minutes after the application of the current.

AN ANTISEPTIC APPLICATION IN GYNECOLOGY.—Dr. A. J. C. Sannier, of Chicago, Gynecologist to the West Side Dispensary, has been using a combination of glycerine, boracic and salicylic acids as an application in the various forms of pelvic inflammation, and claims better results from its use than from glycerine and boracic acid alone. Under its use the improvement is most rapid. He has likewise used the mixture in cases of acute suppression of the menses with more rapidly satisfactory results than from any other remedy he has used. It does not re-establish the flow, but relieves the engorged tissues and restores the pelvic organs to a natural condition. The antiseptic can be reduced to any desired strength by the addition of water, without precipitation.

—*Western Med. Reporter.*

LABYRINTHINE DISEASE is generally secondary; the primary seat of the inflammation being the middle ear, which is so often affected in the specific fevers. The course is that which an inflammation may pursue in other parts, its results being dependent upon its severity, and upon the delicacy and complexity of the organ in which it has occurred. The cause of the inflammation has little influence upon its pathological results. Such a condition causes labyrinthine deafness, and is not promising to ordinary methods of treatment. Yet it is in many of just such cases that I have found the subcutaneous injection of pilocarpin to give great relief, and, in not a few cases, to lead to what is for practical purposes a cure. Wax, absent in these cases, is increased by pilocarpin, which probably also stimulates the secretion of the inner ear, and thus facilitates the removal of inflammatory accumulations, releasing the auditory nerve-endings from the presence of exudations. When pronounced atrophy of the nerve-tissue has established itself, no treatment can be of any avail.

—Field, *Brit. Med. Jour.*

THE PHARMACOLOGY OF ACONITE.—Dr. William Murrell, of London, considers commercial aconitine as an uncertain substance, from a pharmacological as well as a therapeutical stand-point. In reality, he says, we do not know whether our aconitine is aconitine proper or pseudaconitine, or japaconitine, or a mixture of all three. English aconitine, so-called, is at least seventeen times as active as the German, the French being intermediate in strength; but this classification into English, French, and German is clearly unreliable and unscientific. It would seem that the use of aconitine is attended with considerable danger, several cases of poisoning having been reported simply from using a stronger aconitine than the prescriber intended. One case, which terminated fatally, happened because the physician was under the impression that the French and German aconitines were identical. Fleming's tincture of aconite-

root is as poisonous as prussic acid taken drop by drop. The U.S.P. tincture of aconite-root is half the strength of Fleming's tincture, and the B.P. tincture is only one-sixth as active as the latter. Murrell prefers to administer aconite by dropping half a drachm of the English tincture into four ounces of water, administering a teaspoonful every quarter of an hour for one hour, and subsequently every hour for six hours, or until the acute symptoms have subsided. He also uses tabloids or triturates in a similar manner.

Aconite especially affects the heart,—first its ganglia, then its nerves, and lastly its muscular substance. It may also act upon the vagus roots in the medulla. It lowers arterial pressure by depressing the heart's action; it does not affect the vasomotor centre or nerves. Aconite is a protoplasmic poison, lowering the actions of all nitrogenous tissues: first, of the central nervous system; next, of the nerves; and finally of the muscles. It has a special affinity for the sensory nerves, which is best shown by topical use of the agent in neuralgia. —*Medical Bulletin.*

EXOPHTHALMIC GOITRE.—Speaking of this disease, Reynolds (*The Lancet*) says: The treatment adopted has been essentially and uniformly the administration of iodine, bromine, and iron in combination—the proportion varying in relation to the predominance of the thyroid enlargement with the exophthalmos, the nervous derangements, or the anemia. The combination has been arrived at experimentally, and I have found that, where the goitre is large and the exophthalmos highly marked, iodine can be given in doses of ten and fifteen grains three times daily, with advantage. It also seems to be the ingredient most effective in reducing palpitation of the heart and frequency of the pulse. Together with these drugs—and as the definite result of observation, I must assert that it is only when the three are taken together that much relief is obtained—rest from physical exertion and from emotional disturbances has been most strictly enjoined, while a generous diet has been allowed. This treatment has been followed by marked relief when other drugs proved absolutely inert. Other symptoms have been treated by other means, according to their character.

RÖTHELN.—In an editorial, the *N. W. Lancet* makes the following contribution to the diagnosis of this disease. Speaking of an epidemic which occurred in a St. Paul Orphan Asylum, followed by an outbreak of measles, the writer says:

"But after the first case of measles was once detected the differential diagnosis was easy. The eruption of rœtheln broke out all over the body at once; the catarrhal symptoms were slight even when the rash was intense; the post-auricular glands were almost always enlarged and tender; but most striking of all was the fact that the rœtheln patients suffered so little indisposition, neither their activity nor their appetite diminishing to any extent when covered with an eruption as intense and universal as in the severest measles. The conclusive proof that there were two distinct diseases in the house, lay in the fact that fully a dozen of the children (unfortunately no accurate figures were kept) had first one disease and then the other, not in a way that could be accounted for by relapses, but often with a clear interval of a fortnight of sound health between. Some had measles first and then rœtheln; others rœtheln first and then measles, but whether it came first or second the children were always decidedly sick with the measles and never more than slightly sick with the rœtheln."

TWENTY CASES OF EPILEPSY TREATED BY BIBORATE OF SODA (*Lancet*).

No.	Name.	Age.	Duration of epilepsy.	Maximum dose given.	Duration of treatment.	Frequency of fits before.	Frequency of fits after.	Complications.
1	A. B.	16 years.	4 years.	40 grains.	16 days.	Several daily.	The same.	Nausea.
2	C. D.	32 "	3½ "	40 "	3 weeks.	2 months.	None.	Vomiting.
3	B. A.	4 "	8 m'ths.	7 "	2½ months.	12 daily.	None.	Sore lips and ears; rhinitis; psoriasis.
4	D. C.	18 "	1 year.	20 "	1 month.	3 weeks.	1 month.	None.
5	E. F.	20 "	3 years.	30 "	2½ months.	3 days.	None for 1½ month.	Cutaneous eruption; vomiting.
6	G. E.	26 "	18 "	35 "	8½ "	Weekly.	2 months.	Sore lips.
7	F. H.	15 "	14 "	30 "	9 weeks.	3 or 4 a week.	2 fits.	Pleurisy.
8	H. G.	25 "	12 "	40 "	3 "	Twice a week.	1 fit.	Sore lips; cutaneous eruption.
9	J. H.	19 "	10 "	60 "	8 "	Nightly.	1 or 2 a week.	Sore lips; vomiting.
10	L. M.	15 "	3 "	80 "	2 months.	Weekly.	None.	None.
11	J. L.	26 "	6 weeks.	40 "	3 days.	3 or 4 a day.	2 in 12 days.	[nal pain.
12	H. M.	10 "	7 "	50 "	4 months.	3 or 4 a day.	None for 3 months.	Sore lips and tongue; vomiting with abdomi-
13	J. G.	14 "	2 "	40 "	7 weeks.	Weekly.	3 weeks.	Eczematous patch at angle of mouth.
14	G. N.	20 "	4 "	50 "	7 "	Varying.	None.	None.
15	M. H.	11 "	1 year.	60 "	2½ months.	Several daily.	4 to 5 weeks.	Sore lips.
16	G. P.	22 "	3 years.	90 "	3 weeks.	Twice a week.	1 fit.	None.
17	J. O.	15 "	11 "	30 "	2½ months.	1 to 9 days.	1 month.	Sore lips; nausea.
18	F. R.	21 "	12 "	40 "	2½ "	1 or 2 daily.	9 days.	Cutaneous rash; nausea.
19	R. T.	14 "	6 m'ths.	20 "	6 weeks.	Weekly.	3 weeks.	Abdominal pain; vomiting; relaxed motions.
20	G. S.	15 "	10 years.	20 "	7 "	1 to 2 weeks.	6 weeks.	None.

BROMIDE OF ETHYL (C_2H_5Br) is recommended by Haffter (*Deutsch. Med. Zeit.*) as anæsthetic in small operations. He gives it in a well-fitting, air-tight mask, in order that the vapor may be inhaled un-mixed with air. The quantity to be used (from one teaspoonful to a tablespoonful) is poured at one time upon the mask, and within one-half minute the patient is so far under its influence that small operations can be begun.

The first thing noticed by the patient after a few inhalations, is a peculiar crawling feeling in the arms and legs. This gives away immediately to a condition of apnoea, likewise of very short duration. There is no period of excitement as in chloroform anæsthesia, and sensation is lost before consciousness is. Ten seconds after the mask is removed, the patient is himself again, without those disagreeable after-effects of ether or chloroform—dizziness, headache and vomiting.

TREATMENT OF EMPYEMA.—Immermann, of Basle, in the *Deutsch. Med. Zeit.*, says that the three indications are (1) to remove the pus, (2) to prevent its reformation, (3) to restore to their normal conditions the organs and tissues involved.

Spontaneous absorption of the pus is not unknown; but when it contains the ordinary pus micro-organisms, it is never absorbed. Aspiration is advisable as a help in diagnosis, but it cannot be considered in any sense as leading to a cure. He advises two openings, one anteriorly, and one posteriorly, with a drainage tube connecting the two, and daily irrigations. König advises the following method: He makes one opening in the lateral aspect of the chest, and resects a piece of a rib. Through this opening he clears out all the pus and débris, and irrigates the cavity thoroughly through a drainage tube. Küster advises stuffing the pleural cavity with iodoform gauze, and omitting the irrigations where the collection of pus is small and encapsulated. When it is large enough, however, he recommends Immerman's method.

TREATMENT OF HIP DISEASE.—Dr. B. E. M'Kenzie, of Toronto, sums up the practice advocated in a paper appearing in *The Canadian Practitioner*, as follows:

1. Constitutional treatment, such as is employed in other wasting diseases, is of prime importance in all cases.

2. In early stages of the disease, treatment by rest for the joint is indicated.

3. Rest can be better obtained by employing a

portable fixation apparatus than by any means requiring confinement in bed.

4. Deformity, if not fixed by adhesions or contracted muscles, may be corrected by the use of portable splints.

5. Deformity, maintained by contracted muscles and adhesions about the joint, may frequently be corrected by myotomy or tenotomy, and the adhesions broken up by using a moderate degree of force.

6. When deformity cannot be so corrected, osteotomy should be performed.

7. If faithful trial of these means fail to give satisfactory results, excision or amputation should be performed.

8. Pus, or sequestra, when known to be present, should be removed by operation.

HYPNOTISM NO CURE FOR ALCOHOLISM.—The Society for the Study of Inebriety, we gather from a paper published in the "Proceedings" of that body, has come to the conclusion that hypnotism is not a cure which those of an over "drouthy" disposition can place any confidence in. But dealing specially with the subject, the writer of the paper declares that "No medical expert of repute in inebriety has endorsed hypnotism as useful in this malady, though marvelous tales of success have been claimed by non-medical individuals." The writer's own "experience and observation have compelled the conclusion that hypnotism has no practical application in the treatment of inebriety. On the contrary," he has "seen its repetition increase the nerve disorder, and thus intensify the diseased condition which constitutes true inebriety." Allowing that alcoholism is a neurotic disorder, this is no less than any one acquainted with the effect of hypnosis on the nervous system would have expected. In the post-hypnotic condition nervous irritability and "deadly exhaustion" of that system are found in various forms, such as convulsions, headaches, general malaise, nausea, and increased reflex irritability in all cases, and which, occasionally, is permanent. These, however, are only a few of the pleasures of hypnotism.

—Hospital Gazette.

THE HOT SPRINGS OF ARKANSAS.—Dr. E. L. Keyes does not regard the mineral ingredients of these Springs as possessing any remedial efficacy. At the same time, many patients are undoubtedly benefited by a sojourn at the Springs. If, then, it be asked, "What is the real value of the Springs?" Dr. Keyes replies, "I think it is this, that by reason of the diuretic and diaphoretic action of the water, a

patient properly managed may take at the Springs vastly more mercury and iodide of potash, without being either salivated or iodized, than he can at any other spot on the face of the earth, and thus the medicines, not the Springs directly, cure him."

Dr. Keyes quotes from one medical gentleman "of very high position and experience," who gave it as his opinion there was really nothing of value in the Springs, "that the hot water was like any other hot water, and that the reason why patients, as a rule, did better in regard to their symptoms at the Springs than at home, was because they came to the Springs frightened and determined to make a serious effort to throw off their malady; therefore, they obeyed instructions, took their medicines as ordered, gave up tobacco and alcohol, took a proper diet and exercise, rested their nerves, and kept proper hours. . . . If the same patients would do the same things, including the use of common hot water, at home, they would do equally as well as at the Springs."

Another patient, of whom we lately heard, after returning from these Springs, summed up the results of his experience in the remark, that he found he had regained his health and lost his reputation!

—*Boston Med. and Surg. Jour.*

DUJARDIN-BEAUMETZ in a recent lecture on the treatment of constipation and diarrhoea laid much stress on the necessity of intestinal antiseptics, especially mentioning the salicylate of bismuth. With this should be associated magnesia, bicarbonate of sodium, naphthol, charcoal, or salol, giving in the form of capsules or wafers after meals. Here are some formulæ:

1. R.—Salicylate of bismuth,
Magnesia,
Sodium bicarb.ãã ʒiiss.
M.—Divide in chart. No. xxx.
2. R.—Salicylate of bismuth,
Prepared chalk,
Phosphate of lime.ãã ʒiiss.
M.—Divide in chart. No. xxx.
3. R.—Salicylate of bismuth,
Naphthol β,
Powdered charcoal.ãã ʒiiss.
M.—Divide in chart. No. xxx.

When naphthol is badly tolerated by the stomach, which is often the case, salol may be substituted.

- R.—Salicylate of bismuth,
Salol,
Powdered charcoal.ãã ʒiiss.
M.—Sig. Divide in chart. No. xxx, for administration in capsules or wafers.

For the treatment of chronic diarrhoeas he also speaks highly of the *Histerionica Baylahuen*, a plant obtained from Chili. An infusion is made by steeping one part in one hundred and fifty of water, and possesses marked astringent properties, though but feebly antiseptic.

With regard to the green diarrhoea of children, he calls attention to the happy results often to be obtained by the use of lactic acid.

- R.—Acid lactic.gr. xlv.
Orange-flower water.ʒj.
Linden-water.ʒiv.—M.

—*Therapeutic Gazette.*

ALCOHOL AND ANTITHERMICS.—Dr. Davis devoted his address to the uses of alcohol and of the newer antithermics. He said that the latter agents diminish heat production by preventing tissue changes, and by their action upon the nerve centers; not by promoting the elimination of heat.

They interfere with the metabolism of the blood

corpuscles, and lessen the excretion of urea. The application of these drugs he limits to the early stages of sthenic fevers accompanied by pain. In low, continued fevers their continued administration can only do harm, interfering with the natural course of the disease, increasing the debility and retarding convalescence.

The action of alcohol in continued fevers, he believes to be similar. It diminishes nervous sensibility; reduces temperature, and retards molecular changes. He quoted statistics to show that in hospitals where alcohol was not employed, the mortality from pneumonia and typhoid fever was less than in others. He dwelt upon the importance of avoiding the use of such remedies as interfere with the changes by which the living animal organism tends to destroy the specific poison of disease, and using such agencies as favor this destruction. Heat elimination is increased by sponge baths and cold packs. Local developments of disease should be early apprehended and means taken to obviate them. Remedies should be adapted to the stage of the disease. Specifics are of use only in the earliest stages. Indeed, the antiseptics are valuable as prophylactics rather than in the therapeutics of disease.

BAD EFFECTS OF THE NEW ANTIPYRETICS.—Excluding the effect of heroic doses and considering only those which are ordinarily regarded as medicinal, we are led to the following conclusions:

Antifebrin.—Individual susceptibility to this drug differs widely. Even the smallest doses are capable of giving rise to dangerous symptoms. Especial caution is necessary in using it among children. Its continued administration begets a cumulative action. Collapse, cyanosis, vomiting, and profuse sweating not infrequently result.

Antipyrin.—Neither may any absolute dose be stated of this substance. It also needs to be used with prudence among children. It also possesses a cumulative power. Exanthems, collapse, cyanosis, dyspnoea, vomiting, and excessive perspiration are often its effects. That death sometimes follows the exhibition of comparatively small quantities admonishes us to prudence.

Phenacetin.—Eruptions and copious sweats are not infrequently occasioned, the latter especially in persons predisposed to free perspiration. Cyanosis and collapse are of less common occurrence. It should be given cautiously to children.

If, now, we compare the activities and drawbacks of the three remedies, and especially the relative intensity of their effects, we must admit the superiority of phenacetin as an anti-neuralgic and analgesic. Without expecting it to take the place entirely of the other two bodies of which we have treated, phenacetin may well be preferred to them in many cases, especially in regard to the fact that it is less liable to create embarrassing and dangerous manifestations.

—Goldmann, *Med. Bulletin*.

PASSAGE OF MICRO-ORGANISMS FROM MOTHER TO FŒTUS.—Speaking with reference to the virulence of foetal blood in cases where the pregnant mother suffers from anthrax, Sternberg (Backsia, 1885) quotes Branell, Davaine, and Bollinger as authorities for the statement that there are no bacilli to be found in the blood of the foetus in such cases, and that it is non-virulent. He also says that Strauss and Chamberland have shown that occasionally an exception occurs, and the bacilli are found in the foetal blood. Further, in speaking of symptomatic anthrax

(Rauschbrand), the same author affirms that it is to be distinguished from true anthrax (Milzbrand) by the fact that the foetal blood is virulent in it (Rauschbrand), and contains bacilli. Recently Simon (*Zeitschrift für Geburts u. Gynäk.*), by microscopic observation, has found that the placenta does not form a "filtering apparatus" for the exclusion of micro-organisms from the foetus. His observations were made on cases of anthrax, and the bacilli were found not only in the amniotic fluid and on the surface of the foetus, but even to a depth of several cell layers in the skin over the abdomen. Curiously enough, no germs were found in the internal organs. The micro-organisms, however, were not in every case found invading the foetal structures to the same extent, and only in cases noted as of "remarkably" long duration was the body of the foetus itself invaded. The field of invasion varied according to the length of duration of the case, from the "maternal placenta" alone to the foetal placenta, liquor amnii, and skin of the foetus itself. These observations were made upon rabbits. The question, then, as to the virulence of the foetal blood is still undecided, in spite of these investigations, since the mere finding of the bacilli, even in the foetus itself, is no proof of their power of infecting. The fact noted by Simon, that there were none of the gross lesions of anthrax present, seems to point in the opposite direction.—*The Canadian Practitioner.*

CONSTITUTIONAL TREATMENT IN THE CHRONIC DISEASES PECULIAR TO WOMEN.—The following is an abstract from an article by Thomas More Madden, M.D., F.R.C.S.Ed., appearing in a recent number of the *Medical Press and Circular*:

The diseases peculiar to women may, for practical purposes, be considered as divisible into two classes, namely, those that really demand no special treatment; and, secondly, those in which this is essential and indispensable. Besides these, however, there remains a third category of patients in whose case the question as to whether local or constitutional treatment, or both, is indicated, fairly arises. In the latter may be included—firstly, all instances of utero-ovarian hyperæmia, or congestive hypertrophy of the uterus and its appendages; secondly, those obscure cerebro-nervous disorders which are peculiar to women; and, thirdly, in this connection are many uterine neoplasms, or fibro-myomata. From my own experience I would say that the most frequent immediate cause of chronic impaired female health is endometritis extending to the uterine appendages, or utero-ovarian and tubal inflammation. The consequences of chronic inflammation of the womb and its appendages are as important as its frequency. In some instances chronic metritis occasions hypertrophy and ulceration of the cervix and os uteri, vaginitis, and leucorrhœa; in others, congestion and enlargement of the fundus, eventually causing flexions and displacements of the womb; and in others, again, it extends to the Fallopian tubes and ovaries, producing menstrual irregularities, sterility, and hysteria, in all its forms.

The treatment of the affections now under consideration is still vague and unsatisfactory, generally extending over long periods of time, and often unrewarded by the cure of these diseases, their predisposing causes being, as I believe, overlooked in practice. Of the predisposing causes of chronic inflammation of the uterus and its appendages, by far the most frequent is the scrofulous diathesis. In such cases uterine complaints are necessarily impressed with

constitutional taint. Women are supposed to be in a great measure exempt from gout. This opinion is certainly unfounded with regard to anomalous gout, which attacks women quite as much as men. Many of the symptoms which Gooch described under the name of irritable uterus, and which modern gynecologists have transferred to the account of displacements of that organ, are oftentimes produced by gout.

With regard to active local treatment in ordinary cases of chronic inflammation of the uterus and its appendages, if we trusted more to constitutional remedies, and, above all, to the judicious employment of certain mineral waters in such cases, I verily believe that in many instances our patients would get well sooner than they do. In cases of hysteria connected with amenorrhœa, ferruginous tonics, and more particularly some of the natural chalybeate springs, are obviously indicated. In cases of gouty origin of chronic utero-ovarian disease, the preparations of colchicum, and alkaline remedies, such as the mineral waters of Vichy, should be employed. In rheumatic uterine disease, iodide of potassium must be administered before the patient can be cured, and in that dependent on syphilis, the remedies appropriate in other venereal affections are here as indispensable. As a rule, chronic congestive hypertrophy of the uterus, when not of strumous origin, requires the use of mercury, especially the perchloride, which is best given in such cases in small doses—the one-twenty-fourth of a grain three times a day, in tincture of bark. Hysteria in some form is generally associated with chronic uterine disease, and this is generally curable by constitutional treatment, and more especially by change of air and the use of various mineral waters. Among the mineral waters that may be employed in the treatment of chronic uterine and peri-uterine complaints, the iodated and bromated saline springs such as Wildeg, Woodhall-Spa, Kreuznach, Adelheidsquelle, Halle, and Salzhausen, deservedly hold the foremost place. These waters act as special stimulants to the mucous membranes and glandular system, promote absorption, occasion ptyalism, and diuresis, quicken the appetite, and produce the resolution of glandular enlargements. The second class of mineral waters applicable to the treatment of the disease now under consideration are the chalybeates, both simple and saline. The principal simple chalybeate waters suitable for such cases on the Continent are Spa, Pyrmont, Brüchenaw, Schwalbach, and Driburg. The springs of Schwalbach are probably the most palatable, as well as the most potent waters of their class in Europe. Among the saline chalybeate springs most suitable for these chronic cases, are the Stahlbrunnen of Hamburg, Frazensbad, Bocklet, Tunbridge Wells, and Cheltenham. Sulphurous mineral waters are the third class which I regard as applicable for treatment of these conditions. The warm sulphurous springs that are thus available are Schinznach in Switzerland, Baden-on-the-Limmat, Aix-les-Bains, Eaux-Bonnes, and Amelie-les-Bains. Cold sulphurous waters, such as Lisdoonvarna, Harrogate, Enghein-les-Bains, and Plombiers may also be employed in some cases. The chemically indifferent thermal baths, the thermal arsenical waters, and other warm mineral waters, are valuable in the various chronic conditions here included.

THE RATIONAL TREATMENT OF SUMMER COMPLAINT.—The fact that so many children fall a victim to diseases of the gastro-intestinal canal during the

warmer months, has, in the more recent history of medicine, caused a more scientific study of these diseases.

The almost hopeless task of classifying the intestinal bacteria in children has only been undertaken in the more recent years of bacteriological interest, and yet such men as Escherich, Booker, Holt, and others, have succeeded in bringing a glimmer of order out of this chaos.

The practical results of their work has, in some cases, explained the former method of treatment discovered by empiricism, in other cases it has suggested a new line of treatment based on chemical or other grounds.

Dr. B. K. Ratchford (*Archives of Pediatrics*, June, 1890), thinks that disappointment will follow the dietetic treatment as laid down in most text-books, as summer complaint embraces such a varied array of symptoms, and each case is a law unto itself.

The chief causes of summer complaint are abnormal intestinal fermentation, both acid and putrid. In the former case an albumen is indicated, in the latter a carbohydrate. The treatment according to the acidity or alkalinity of the stools, as suggested by Escherich, or by the odor, as laid down by Christopher, is theoretically simple, but practically it does not always give the expected results.

According, then, as a case is caused by the fermentation of albuminous material or carbohydrate, we may formulate the following rules:

1. Avoid albuminous food, (a) when marked constitutional symptoms are present; (b) when in doubt as to the character of the fermentation causing the disease; (c) when the stools are putrid; (d) when the stools contain mucous and blood; (e) when the nausea is constant and not relieved by vomiting.

2. Avoid carbohydrate as a food, (a) when there are no marked constitutional symptoms present, and the stools are continuously acid; (b) when there is much flatus, pain, or urticaria.

3. Where the albumens are to be avoided, the carbohydrates are, as a rule, indicated; and when the carbohydrates are to be avoided, the albumens are, as a rule, indicated.

4. Give foods such as cream, beef broths, and whiskey, (a) when the foods prescribed according to the above rules disagree; (b) during the first twenty-four hours in severe acute cases; (c) when in doubt as to the character of the food indicated.

These rules are not infallible, but they are founded on sound principle. Milk is contra-indicated in the more serious cases, and in convalescence it should be given well diluted, so that its albumen and sugar may be digested and absorbed before reaching the seat of the disease in the small intestines.

Therefore, give an antiseptic cathartic, such as calomel, stop the milk and all other food except such as are directed above, and then proceed according to the rules laid down; and success will be more frequent in the management of these cases.

SYMPTOMS OF EXTRA-UTERINE PREGNANCY.—Dr. H. Iloway, in a paper read before the Obstetrical Society of Cincinnati, gave the following resumé of the symptomatology of extra-uterine pregnancy:

1. *Paroxysmal pain* in the hypogastrium, usually of great violence, lasting for a few hours or a day, is the earliest symptom. Other paroxysms occur after a longer or shorter period. These pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may

disappear after the fifth or sixth month, but may recur again about the end of the pregnancy.

2. *A fixed grinding pain* may be felt in one of the iliac fossæ, running down the thigh. Both varieties of pain are more common and more severe in the tubal than in the neutral forms of extra-uterine pregnancy.

3. *Vaginal hemorrhage*, varying in character from dark-colored, coagulated blood to light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hemorrhage with discharge of deciduous membrane.

4. *Abdominal enlargement to one side* is more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

A positive diagnosis of abnormal pregnancy can only be made after a careful vaginal exploration, and the recognition of the following points:

5. *A deviation of the uterus from its normal position*, produced by a tumor located on either side, in front, or behind. It is exceedingly difficult to recognize this tumor as early as the end of the first month of pregnancy.

6. *Ballotement*. A careful examination will show the tumor to be an elastic and fluctuating mass and ballotement will reveal the presence of a solid body floating therein.

7. *Vacuity of the uterus*, the introduced sound finding it empty.

FRENCH NOTES.

By A. E. ROUSSEL, M.D.

TREATMENT OF CONGESTED DYSMENORRHEA (Cheron).—

R.—Acetate of ammonia..... 4 grammes.
Syrup of kino..... 45 "
Infusion of camomile..... 150 "

Take in two doses, two days before, and the evening before the regular period of the menses.

TREATMENT OF TÆNIA (Kaiser).—

R.—Croton oil..... 1 gtt.
Chloroform..... 4 grammes.
Glycerine..... 40 "

M.—Sig. To be taken in two doses, one-half hour apart. No food on the previous evening.

—*Revue de Therapeutique.*

BROMIDE OF AMMONIUM AND OF RUTIDIUM IN EPILEPSY.—The above presents itself in the form of a crystalline powder, white or slightly yellowish in color. It imparts at first a fresh taste. After which it becomes salty. It is easily soluble in water. Of one hundred parts it contains thirty-six parts of bromide of rutidium, and sixty-four parts of bromide of ammonium.

Lanfenei has employed it in all conditions of epilepsy, excepting hysteric epilepsy, in the same doses as the other bromides. Commencing at two grammes, the stronger doses are five grammes; seven to eight grammes a day, or even more, according to the case.

R.—Bromide of ammonium and of rutidium..... 6 grammes.
Syrup of lemon..... 20 "
Water..... 300 "

A tablespoonful contains 1 gramme of the bromide.

—*Le Bulletin Medical.*

ULITIS OF PREGNANT WOMEN (Pinard).—

R.—Chloræ hydrate..... 5 grammes.
Tincture of crehlevia..... 5 "

Dissolve and apply to the gums. Can continue twelve days.

—*Tribune Medicale.*

LANOLINE IN MENNORRHAGIA (Dr. Stern).—

1. R.—Lanoline anhyd. 25 grammes.
Oil of sweet almond. 75 "
2. R.—Sulphate of zinc. 50 centi gr.
Lanoline anhyd. 20 grammes.
Water. 4 gr. 50 centi gr.
Oil of sweet almond. 75 grammes.
3. R.—Salicylic acid. 0 gr. 25 centi gr.
Oil of sweet almond. 75 grammes.
Lanoline anhyd. 25 "

—*La France Médicale*.

TREATMENT OF IODISM.—According to Drs. Buckmann and Malachowski, to combat iodism we should render the fluids of the body alkaline. For this purpose they employ from seven to ten grammes of the bicarbonate of soda. They have used this medication since 1887, with constant success.

—*La France Médicale*.

THE NEW METHODS OF TREATMENT IN ERYSIPELAS.—1. *Method of Rosenbach*: Consists in first washing with soap not only the affected part, but the surrounding healthy skin, then applying, each day, a solution of carbolic acid (5 per cent.) dissolved in absolute alcohol. Results, very brilliant as regards both the progress of the malady and the febrile phenomena. The use of absolute alcohol by itself has also produced favorable results.

2. *Method of Nolti*: The affected parts and surrounding skin are covered twice daily with mucilage of gum arabic, mixed with from 3 to 5 per cent. of carbolic acid. Good results.

Dr. Ebstein mixes the carbolic acid with vaseline.

3. *Method of Koch*: By means of a soft brush, we apply a thin and regular covering of the following pomade:

- R.—Creoline 1 gramme.
Iodoform 4 "
Lanoline 10 "

The parts are then covered with leaves of gutta-percha. This has given good results, especially in erysipelas of the face and head.

4. *Method of Nussbaum and Brunn*: Ichthyol, with or without collodeum. Results favorable, and very prompt.

5. *Method of Hallopeau*: A solution of 1 to 20 of salicylate of soda is soaked in a mask of several thicknesses of linen and applied over the parts, after which it is covered with rubber bands, to prevent evaporation. Relief almost immediate; cure in from three to five days.

6. *Method of Hueter*: Injections of carbolic acid in the healthy skin, in doses of from ten to fifteen grammes, distributed in several punctures, at one or two centimeters from the edges of the affected parts, with the following solution, recently prepared:

- R.—Carbolic acid (pure),
Absolute alcohol āā 3 grammes.
Distilled water 94 "

Very painful. Only applicable in severe cases of the head or face.

7. *Method of Kraske*: Scarify the edges before the application of the antiseptic substance.

Dr. Lawenstein advises that the incisions should be made exclusively in the healthy skin, after which the parts are enveloped with a solution of carbolic acid or sublimate.

8. *Method of Wolfer*: Mechanical compression by means of adhesive plaster applied on the healthy skin on the borders of the affected parts, so as to completely surround them.—*Le Bulletin Médical*.

Medical News and Miscellany.

DR. U. O. B. WINGATE has been appointed Health Officer of Milwaukee, Wis.

MATRON WEBB, of the New York Police Headquarters, was overcome with the heat on Thursday of last week.

THE Medical Practice Act, which passed the Legislature in Maryland, found an early grave in the Governor's veto.

A CASE of leprosy has been discovered in Jackson county, Miss. The leper has been isolated by order of the State Board of Health.

THE Prince of Wales will lay the foundation stone of the new building for the Royal South London Ophthalmic Hospital, in July.

THE scarcity of water in New York last week gave rise to a serious increase in the sickness of those parts where the scarcity was most felt.

SOME of the best members of the Dorpat University have been obliged to leave because the Russian government forbids lectures in German there.

A POLYCLINIC, similar to that of Vienna and Berlin has been established in Paris. The effort is regarded as merely tentative, so far, as it is a novelty in France.

INVESTIGATIONS into New York politics have shown up some corrupt milk inspectors. The sick babies are the principal sufferers from this kind of dishonesty.

A MUSICO-MEDICAL amateur, named Bonelli, claims to have performed the operation of liberating the ring-finger of pianists upon three hundred and forty-nine persons in San Francisco.

THE Pennsylvania State College holds its commencement exercises June 22 to 26. Addresses will be given by Major Gen. O. O. Howard, Hon. W. S. Kirkpatrick, and Hon. Stewart L. Woodford.

ROSENTHAL employed successfully the extract of cannabis indica, in combination with extract rhei and aloes aquosum in pill form, with absolute prohibition of the chloral-hydrate.—*St. Louis Clinique*.

ANTIPYRINE has been used for incontinence of urine where belladonna and bromides had failed. Twenty grains, given two hours apart, before bed hour, is the minimum dose.—*Kansas Med. Jour.*

THE Provost of the University of Pennsylvania announced at the recent dinner of the medical alumni that the compulsory course for the medical degree in that university had been lengthened to four years.

A NEW MEDICAL COLLEGE.—One of our esteemed contemporaries states that "some physicians in Fort Wayne, Ind., are trying to afflict that town by the establishment of still another medical school there."

THE College of Physicians and Surgeons of St. Louis has purchased the large lot on Jefferson avenue and Gamble street, and steps have already been taken towards the erection of a handsome three-story building.

THE Health Officer of Chicago has refused to accept "heart failure" as a cause of death. It is said that one hundred and fifty death certificates so signed have been returned, with a request for information as to the true cause of death.

THE Marion-Sims Medical College of St. Louis will erect its buildings soon; and the Beaumont Hospital Medical College is actively progressing with the erection of its new building on the corner of Jefferson avenue and Pine street.

A REPORT of the Osaka medical work of the Japan Mission of the American Board of Foreign Missions, shows a total of 2,581 persons treated during 1889, upon whom three hundred and seventy-five surgical operations were performed.

SOME observations recently published by Dr. Julius Dollinger, of Budapest, in the *Centralblatt für Chirurgie*, No. 35, 1889, tend to confirm the belief in an hereditary predisposition which the general experience of practitioners has established.

A REMEDY FOR THE GALVANIC TASTE.—Dr. Leslie Phillips (*British Med. Jour.*) has found that a little pinch of coffee chewed from time to time is an efficient antidote to the disagreeable taste consequent upon galvanization of the head and neck.

THE next meeting of the New York State Pharmaceutical Association will be held in Auburn on the 17th, 18th and 19th of June, in the hall of the Y. M. C. A. building. Parties desiring to make exhibits should address Chas. H. Sager, Auburn, N. Y.

IN connection with the impending international congress, there will be an exhibiton of medical scientific objects, for which purpose the government of Prussia has assigned the great Markine Hall in the Royal Park. The preparations are being made irrespective of expense.

KATE W. BALDWIN, M.D., a graduate of the Woman's Medical College of Pennsylvania, of the class of 1890, has been elected Resident Physician in the Polyclinic Hospital, she being the first woman to occupy that position. Dr. Baldwin's term of service began on the 2d inst.

HORRORS on horror's head accumulate! Dr. Pasteur recommended camphor smoking as a preventative of la grippe, and now a camphor cigar has been invented. Oh, interloping, alien microbe of sneeze-herheadoff, how many crimes have been committed in thy name!—*Dallas News*.

THE annual meeting of the Fellows of the Royal College of Surgeons of England for the election of members of the Council will be held on Thursday, July 3, at 2 P.M. The members of the Council who retire in rotation are Messrs. John Marshall, Power, and Croft. Mr. Marshall, it is said, will not seek reelection.

IN accordance with resolutions passed by the Brussels Academy of Medicine, the Belgian Government is about to forbid public *séances* of hypnotism. All who, "outside the lawful exercise of the art of healing," hypnotise girls aged less than eighteen years, or persons in a demented state, will be punished with fines and imprisonment.

NEXT month the honorary degree of LL.D. will be conferred by the University of Cambridge upon Sir Andrew Clark, Bart., President of the Royal College of Physicians of London, and Mr. Jonathan Hutchinson, President of the Royal College of Surgeons of England, in recognition of their eminent professional attainments.

THE medical profession in France is at the present moment on strike (*Le Refus*). The cause of the disaffection in this, as in most other cases of the same kind, is dissatisfaction with the existing rate of remuneration, though in the present instance it is not any particular man, or body of men, against whom the profession have combined, but the State itself.

ON the 15th of April, ult., Prof. Nothnagel opened the Medical Congress at Vienna, in which the most distinguished members of the profession of Austria, Hungary and Germany participated. The cultus—Minister von Gautsch, the Mayor of Vienna and Prof. Billroth assisted on the occasion in offering cordial welcome to the visitors.

THE editorial article of the May issue of *The Dietetic Gazette* has been prepared by J. Lewis Smith, M.D., Clinical Professor of Diseases of Children, in Bellevue Hospital Medical College. With the June number will begin an extended article by J. Lewis Smith, M.D., on The Care and Feeding of Infants, with remarks on The Great Mortality of Infants in the Summer Months, and mode of preventing it.

WORD comes from London of the death of Dr. Cyril William Jecks, one of the resident medical officers at University College Hospital, which took place in the hospital on the 16th inst., after a few days' illness. Dr. Jecks graduated M.B. at the London University in 1887, taking the Gold Medal in Obstetrics, and in 1888 he took the M.D. degree. Dr. Jecks' future promised to be a brilliant one, and universal sorrow is felt at the Hospital and College at his early death.

THE gin cocktail is known to have certain glad-some and refreshing qualities in those milder states of asthenia, which follow a day's work and precede an evening meal. Dr. George T. Maxwell, of Jacksonville, Fla., however, in addition recommends the gin cocktail as closely approaching a specific in yellow fever. His formula is: Good gin, ʒviij. ; tincture of cinchona, ʒij. —*Weekly Med. Review*.

AMERICAN AMBULANCES IN PARIS.—It is said that the American ambulances introduced into Paris a year or two ago, are now one of the recognized institutions of the French capital. People stand and cheer as they go along the street, and ambulance drills are given to all distinguished foreigners. The French government has given full credit to America for the ideas which at present prevail on the subject, and the vehicles are, in fact, marked with the sign "American Ambulance."—*Boston Med. and Surg. Jour.*

THE *Lancet* (April 26th) contains an instructive case of gonorrhoea in a woman, communicated by Dr. Schmitt to the *Archiv für Gynécologie*. The first symptoms were observed in the urethra and uterus, the discharge containing gonococci; then followed pains, frequent paroxysms of fever and emaciation to such an extent that after several weeks the removal of the left tube, which was considerably thickened, seemed indicated. The operation, which consisted in salpingectomy and left ovariectomy, was difficult because of the existence of extensive adhesions, so that pus entered the abdominal cavity, and the serous covering of the gut was torn in one place. Death occurred on the second day, and was found at the post-mortem examination to have been caused by peritonitis from perforation of the bowel. Both tubes were thickened, enlarged, and full of pus containing gonococci, and the microscopic appearances were similar to those found in gonorrhoea when recovery is

taking place. Some of the morbid changes could be explained by increased pressure, due to the retention of pus. The tissues of the tubes contained no gonococci, which fact was probably due to the progress which had been made towards cure. The author was induced by this case to undertake a series of clinical examinations of the disease, and in one hundred and sixteen cases of acute or subacute gonorrhoea in women, he found twenty-seven complicated with secondary disease of the pelvic organs, four being also syphilitic. In most of these cases the gonorrhoea had extended to the mucous membrane of the whole of the genital organs during the first two months after infection. He believes that gonorrhoeal perimetritis is caused by the admission through the abdominal orifice of the tube, of pus, which acts chemically, and not through the gonococci it contains.

—*Boston Med. and Surg. Journal.*

THE ladies of Austria are making a determined effort to carry the medical citadel by storm. On May 7, another petition was presented to the Austrian House of Deputies, by Dr. Jaques, on behalf of the Vienna Ladies' Association, praying for the admission of women to the classes of the medical and philosophical faculties in the various Austrian universities. The petition bears the signatures of 3,619 ladies, including the members of the Association for the Extension of Female Education, the Association of Viennese housewives, governesses school teachers, etc.

MUCH opposition has developed on the part both of the general public and of physicians to the questions asked by the census-takers as to illness and physical defects of the people. The Supervisor of the First New York District has modified his first instructions to enumerators, which were to "arrest immediately" those who refused to answer, and has said that the enumerator need take no further step than to enter the words, "Refused to answer." The attempt to gain such information by the circular to physicians was made the subject of severe attack at the recent meeting of the Connecticut State Medical Society.

A POPULAR BELIEF IN THE CONTAGIOUSNESS OF PHTHISIS.—In a paper on the contagiousness of pulmonary phthisis, read at the twenty-fifth anniversary meeting of the Caucasian Medical Society, Dr. Babayeff mentioned the curious fact that among the Georgians the name for consumption is "chlekki," meaning "the contagious disease." When one of their number is found to be suffering from this disease, he is at once isolated, and is taken to a hut or tent at some distance from the village. The care of these patients is entrusted to an old woman, who carries to them the necessary food and drink; and they are never allowed to associate with the well.

—*Medical Record.*

EMBALMING.—The best process of embalming is called the "Brunelli Process." The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. Alcohol is injected so as to take out as much water as possible. This takes about a quarter of an hour. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. A strong solution of tannin is then injected. This occupies for imbibition from two to ten hours. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy from two to five hours. The body is then perfectly preserved and resists decay.—*Sanitarian.*

RECENTLY M. Frederick Bordas (*Gazette Medicale de Paris*, March 22, 1890) has undertaken a series of observations which tend to show that the bacillus of typhoid fever belongs to the class known as aerobic micro-organisms. He recognizes that this bacillus remains dormant in a very dry atmosphere, and lives and multiplies in an atmosphere more or less humid. This is offered as an hypothesis of the great prevalence of typhoid in October and November, months ordinarily accompanied by great humidity. Finally, it is quite possible for the bacillus to enter the system through the respiratory organs.

—*Chicago Medical Times.*

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending June 7, 1890.

KITE, I. W., Passed Assistant-Surgeon. Detached from Naval Hospital, Pensacola, and to Hospital, New York.

CRAIG, THOS. C., Passed Assistant-Surgeon. Detached from Naval Hospital, New York, and to the U. S. S. "Vesuvius."

ANDERSON, FRANK, Passed Assistant-Surgeon. Granted leave of absence for the month of June.

OGDEN, F. N., Assistant Surgeon. Ordered for examination preliminary to promotion.

WHITE, S. S., Assistant-Surgeon. Ordered for examination preliminary to promotion.

BEYER, HENRY G., Passed Assistant-Surgeon. Ordered on duty on the U. S. S. "Yantic."

SIMONS, MANLY H., Surgeon. Detached from Widows' Island Hospital and waiting orders.

HAWKE, J. A., Surgeon. Ordered to Widows' Island Hospital, and attending officers of Navy and Marine Corps at Portsmouth, N. H.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the three weeks ending May 31, 1890.

PURVIANCE, GEORGE, Surgeon. Detailed as Chairman, Board of Examiners, May 31, 1890.

LONG, W. H., Surgeon. Granted leave of absence for three days, May 19, 1890.

GODFREY, JOHN, Surgeon. Detailed as member of Board of Examiners, May 31, 1890.

IRWIN, FAIRFAX, Surgeon. Detailed as Recorder, Board of Examiners, May 31, 1890.

CARTER, H. R., Passed Assistant-Surgeon. Ordered to examination for promotion, May 31, 1890.

BANKS, C. E., Passed Assistant-Surgeon. To proceed to Boston, Mass., on special duty, May 12, 1890.

PECKHAM, C. T., Passed Assistant-Surgeon. Granted leave of absence for eight days, May 14, 1890.

AMES, R. P. M., Passed Assistant-Surgeon. To proceed to Memphis, Tenn., for temporary duty, May 14, 1890. To proceed to Gulf Quarantine Station for temporary duty, May 31, 1890.

PERRY, T. B., Assistant-Surgeon. Ordered to examination for promotion, May 31, 1890.

CONDUCT, A. W., Assistant-Surgeon. Granted leave of absence for twenty-two days, May 24, 1890.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

- Address on medicine, Davis. Jour. of the Amer. Med. Ass'n.
 Address on state-medicine, Carroll. *Ibid.*
 Atropia-poisoning, Richardson. Northwest. Lancet.
 Apparent cancerous transformation of syphiloma of the tongue, excision of the tongue by the galvano-cautery, Lydston. Western Med. Reporter.
 Antiseptic gynaecology, Sannier. *Ibid.*
 Autoplastic, Transplantation, Implantation von Fremdkörpern, Gluck. Berliner Klin. Wochen.
 Asupra epidemiei de gripa, care a bantuit printre tripele diviz 3 inf., Zorileann. Clinica.
 Etiologie des Lungenbrandes, Hirschler u. Terray. Wiener Med. Presse.
 Abscess in the abdominal wall complicating fibroid tumors of the uterus, Davis. Med. News.
 Antisepsis in midwifery, Lusk. *Ibid.*
 Amputatio talo-calcanea osteoplastica, Kranzfeld. Centralbl. für Chirurgie.
 Albuminuria, Goodhart. British Med. Journal.
 Action of the positive pole of the constant galvanic current upon microbes and upon bacteria of charbon especially. Apostoli and Languerriere. The Lancet.
 Aplicaciones terapeuticas de la naftalina, Mary. Bol. de Med. Appendicitis and perityphlitis, Dalton. Weekly Med. Rev.
 Amceba coli in dysentery and in dysenteric liver abscess, Osler. Johns Hopkins Hosp. Bulletin.
 Behandlung der Bleichsucht, Marcus. Deutsche Med. Ztg.
 Beitrag zur Localisat. des Diplococcus pneumoniae (Fränkle), Ortmann und Samber. Archiv f. path. Anat. u. Physiol.
 Bidrag til Gastro-enterostomiens Statistik fra Kommunehospital i København, Studsgaard. Nordiskt Med. Arkiv.
 Bacteriologische Untersuchungen über putride Intoricationen, Liermann. Archiv f. Exper. Pathol. u. Pharm.
 Bronchitis, its varieties, its relation to other diseases, and its treatment, Harris. The Lancet.
 Bacteriological study of hail, Abbott. Johns Hopkins Hosp. B.
 Condition of the blood in chlorosis, notes on the course and secondary symptoms of chlorosis, Dowd. Am. J. Med. Sc.
 Conditions of the naso-pharynx as an index of disease, Hutchinson. Med. News.
 Chronic Bright's disease, Senator, von Ziemssen, and others. Med. Age.
 Caffeine, Aulde. Notes on New Remedies.
 Conservative phase of hypnotism in therapeutics, Harwood. Boston Med. and Surg. Jour.
 Comptes rendus des traites originaux publies dans cette livraison. Nordiskt Med. Arkiv.
 Die Eisen-Moorbäder und deren Surrogate. Ein experimenteller Beitrag zu deren Heilwerth, Loebel. Wien. Med. Pr.
 Das Aristol in der Behandlung der Ozarna simplex, Löwenstein. Int. Klin. Rundschau.
 Dysentery, bird's-eye view, Hutchings. Cin. Med. Jour.
 Die Intern. Congresse, Virchow. Arch. f. Path. Anat. u. Phys.
 Die Lähmungen der Kehlkopfmusculatur im Verlaufe der Tabes dorsalis, Dreyfuss. *Ibid.*
 De la suggestion comme moyen de couper une attaque d'hysterie, Bemheim. Le Bulletin Med.
 Du diabete sucre, Langereaux. *Ibid.*
 Deux cas de luxation verticale externe de la rotule, Vergely. Jour. de Med. de Bordeaux.
 Destruction, report of, of micro-organisms during the process of inflammation, Ruffer. British Med. Jour.
 De la pneumonia fibrinosa, observaciones clinicas, Gubierrez. Boletin de Medicina.
 Des lesions du "mur" de la logette des osselets de l'ouir, Gelle. La Tribune Medicale.
 De l'anesthesie par injection de cocaine et du bon effet de la bande d'Esmarch, Kummer. Revue Med.
 Diagnostico medico-legal de l'intoxicacion par l'oxyde de carbone, Vibert. La Med. Moderne.
 De la polynévrite motrice des membres d'origine mercurielle, Forestier. *Ibid.*
 Eyes of school children, James. Northwest. Lancet.
 Epithelioma of the hands, Nancrede. Bost. Med. Surg. Jour.
 Endometritis, treatment of, Croffore. Memphis J. Med. Sc.
 Erbrechen von Fliegenlarven, Hildebrandt. Berl. Klin. Woch.
 Eine Elektrode für das Perineum, Stembo. *Ibid.*
 Experimentelle Studien über die Folgen der Ausrottung des Plexus coeliacus, Wernicke. Intern. Klin. Rundschau.
 Ein Fall von Nona, Hammerschlag. Wiener Med. Presse.
 Ein Beitrag zur Diagnose stattgehabter Geburten, Dittrich. Frager Med. Wochen.
 Einige Bemerkungen zu der Erwiderung des Herrn Dr. L. Bruns, in Hannover, meinen Aufsatz über die Innervation des Geschmacks betr., Ziehl. Arch. f. path. Anat. u. Phys.
 Eine congenitale Knorpelgeschwulst am Halse, Bidder. *Ibid.*
 Einfaches Verfahren, den Punkt maximaler Arbeitsleistung eines Muskels an experimentelle gefundenen Curven zu construiren, Wiener. Archiv f. Experim. Pathol. u. Pharm.
 Estudio sobre las enfermedades carbunculosas, su frecuencia en Chile, medidas higienicas y preventivas que convendria adoptar y su mejor tratamiento, Gana. Bol. de Med.
 Enteritis in cattle, caused by eating corn stalk fodder, Going. Amer. Veter. Review.
 Encore les vaporisations d'encalyptus dans la diphterie, Bonamy. Gaz. Med. de Nantes.
 Fractures of the maxillary bones, a new method of treatment, Angle. Med. Record.
 Fall af diabetes insipidus med lesion af nucleus lentiformis och framre delen af capsula interna, Edgren. Nord. Med. Ar.
 Functions of the nervous system, Gower. The Lancet.
 Rein flottant et nephrorraphie, Terrillon. Bull. Gen. de Ther.
 Spontan. lacerations of umbilical hernia, Pilkington. Lancet.
 Salpingo-oophorectomy and its results, Boldt. Med. Record.
 Supra-public lithotomy, Neill. *Ibid.*
 Sui clisteri di glicerina e sui fiori di zolfo. La Rif. Med.
 Sur l'action du kola à propos des effets de la cafeine, Heckel. Bulletin Gen. de Therapeutique.
 Sur le traitement de la coqueluche par les vapeurs sulfureuses, Weisgerber. *Ibid.*
 Sarcome eucephaloide de l'ovaire gauche inclus dans le ligament large, laparotomie exploratrice, mort par embolie dixsept jours après, Braquehay. J. de Med. de Bordeaux.
 Superficial suturing of wounds, Kierulff. South. Cal. Pract.
 Successful lithotomy on patient taking, daily, one hundred and twenty grains of morphia, Gorter. Ind. Med. Jour.
 Sur un cas de fistule bilio-bronchique, Colvee. La Med. Mod.
 Selection and use of catheters and other instruments for enlarged prostate, Harrison. British Med. Jour.
 Supernumerary tonsils, Donelan. *Ibid.*
 Shortening of sacro-uterine ligaments, Stark. Cin. Lan.-Cl.
 Scarlet fever, from drinking milk, Miller. Med. Record.
 Therapeutics of infancy and childhood, Jacobi. Arch. of Ped.
 Tuberculous nature of so-called simple pleuritic effusion, Barrs. British Med. Jour.
 Transluminatation of the larynx and of antrum of Highmore, with demonstrations, Freudenthal. Med. Record.
 Troubles divers de la nutrition à la suite de dermatite artificielle, Quinquand. La Tribune Med.
 Traitement abortif de la blennorrhagie, Malegot. Journal des Maladies Cutanées et Syphilitiques.
 Tumor of the brain-producing cerebro-spastic paralysis, Bremer. St. Louis Cour. of Med.
 Tratamiento de la angina difterica, Torre. Cron. Med. Quirur.
 Therapeutic progress during past year, Cordell. Ind. Med. J.
 Transformation kystopneumatique du cornet moyen, Schmiegelow. Revue de Laryn. et d'Otol.
 Traitement du rhumatisme aigu et blennorrhagique par la phenacetine à haute dose, Rifat. Bull. Gen. de Therap.
 Tumor of the brain, Edes. Med. Record.
 Umbilical hemorrhage, with case, Campbell. Arch. of Pediat.
 Ulceration of the stomach, Anderson. British Med. Journal.
 Ulcers, rational treatment of, Gottheil. Inter. Jour. of Surg.
 Un caso de meningo-encefalitis traumatica complicada de absceso cerebral. El Investigado Medico.
 Ueber pathologische Befunde an den Herzganglien bei plötzlichem Tode intra operationem, Ott. Prag. Med. Wochen.
 Ueber Rheostate und deren Verwendung in der Elektrodiagnostik und Elektrotherapie, mit Demonstration eines neuen für die Praxis bestimmten Graphit-Quecksilberheostates, Lewandowski. Wiener Med. Presse.
 Ueber Verletzungen des Trommelfelles, Bing. Int. Kl. Rund.
 Ueber das Verhalten der Ascosporen von Aspergillus nidulans (Eidam) im Thierkörper, Heider. Cent. f. Bakt. u. Paras.
 Un caso d'inquinamento in una conduttura di acqua potabile per lo sviluppo della "Crenothrix Kuhniana," Bentivegna. Rivista d'Igiene e Santa Publica.
 Un caso de tetanos cefalico, Campos. Cron. Med. Quirur.
 Ventral hernia, enormous, Morgan. The Lancet.
 Vaginal and uterine injections, Hewitt. Med. Press.
 Work of Tennessee Medical Examiners, Happel. Memphis Med. Monthly.
 Wärmeregulation und Fiebergenese, Winternitz. Deutsche Med. Zeitung.
 Zur Kenntniss d. Quecksilberwirk., Quincke. Berl. Kl. Woch.
 Zur Arthrodesse des Schultergelenks, Schussler. *Ibid.*